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## ESSAYS, MONOGRAPHS, AND CASES.

*The Cervix Uteri in its Obstetric Relations.* By AUGUSTUS K. GARDNER, M. D., &c.

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GENTLEMEN—Scientific research has now, as it appears to me, demonstrated incontestably the anatomical division of the hollow organ so long known as the uterus, into two portions—the neck and the body. Henceforth we must recognize two distinct organs; the one, the cervix, composed of firm, but elastic structure, scantily provided with blood vessels, and in which but a small trace of nerve tissue is found. The body of the uterus is composed of a coarser fibre and muscular tissue, capable of much hypertrophy, abundantly supplied with both arteries and veins; also with nerves, concerning which no little research has been undertaken, and some controversy has resulted, especially between Drs. Lee and Snow Beck.

The uterine nerves originating from the hypogastric, sacral and spermatic nerves, descend to the cervix, where, according to Dr. Lee, they terminate in the hypogastric ganglion. The nerves in the virgin uterus are arranged in a serpentine form, and are always accompanied

by a branch of an artery and vein. According to Dr. Lee, these nerves enlarge with the growth of the uterus in pregnancy, again diminishing as it returns to its natural state, after parturition. Dr. Snow Beck contradicts Dr. Lee, believing that the nerves of the uterus are not so large or so numerous as they appear in Dr. Lee's dissections. He considers that the nervous arrangement at the neck of the uterus should be called the pelvic plexus instead of the hypogastric ganglion; that the sacral nerves do not enter into that portion of the cervical plexus which supplies the uterus, but they are distributed to the vagina and other parts. Dr. Snow Beck also believes that there is no increase in the size of the nerves during pregnancy, but that the nerves which in the virgin uterus have a sinuous arrangement, become straightened during gestation. These conflicting opinions are in some manner reconciled by remembering that Dr. Beck, in his minute dissection, script the nerves of the neurilemma, which Dr. Lee, supported by M. Robin and Dr. Heschl, contends is the portion which chiefly enlarges.

The existence of nerves in the cervix has been denied by some, but the researches of Dr. Lee seem to settle the matter, as he has demonstrated that a few nerves springing from the hypogastric ganglion are distributed over the interior surface of the os and cervix. We are aware that the opposing statements of Dr. Beck have been judged to be correct, but the points of conflict do not materially affect the subject in the practical view I take of it.

Without this anatomical demonstration, the nervous sympathy between the cervix and the body of the uterus, especially when the sensibility is exalted by the chronic inflammation to which the former is subject, is evident to accoucheurs and uterine pathologists, whose daily observations evince the fact.

This anatomical distinction of one apparent organ into two bodies is not without its correspondences in the human economy. The brain is divided into the cerebrum and cerebellum; the testis into the testis proper and the epididymis: the kidney, according to the research of our learned Isaacs, has been demonstrated, in this Academy, as divisible into the true kidney and the supra-renal capsules.

These anatomical distinctions have led to pathological divisions and correlative treatment. I purpose now to make similar distinctions, and to ask your attention to some practical suggestions respecting the treatment of various forms of difficult parturition, arising from morbid conditions of the os and cervix uteri.

*Rigidity of the os uteri* is probably the most frequent cause of dysto-

chia—perhaps more common, if not so serious in its nature and results, than all other causes combined. One need attend but a few labors to find instances where everything seems to encourage the hope of a speedy and favorable termination; but a firm and unyielding os resists severe and prolonged pains, wears down the strength of the patient, the spirits of attending and anxious friends, and the patience of the physician. For such cases I offer no new relief. The benefits of tartar emetic, opium, venesection are familiar to all; injections *per anum* of anti-spasmodics, as assafoetida, etc., and inunction of the os uteri with the extract of belladonna, have been fruitlessly tried by others; but there are some other methods of treatment less common, which I will venture to enlarge upon.

The case is before us of a healthy woman of abundant muscularity, young and vigorous, or old and inelastic, perhaps feeble and suffering from organic disease, such as to make the repeated efforts of straining not only exhausting but dangerous to life, from the rupture in a tuberculous lung or of a diseased heart. The waters have long since flowed away, the os is dry and hot, hard and unyielding to the head, pressing strongly upon it, even while the general strength seems giving way; chloroform is the great remedy, given not niggardly, although gradually and with great care, watching both pulse and respiration, even to full anaesthesia. In such cases I have seen, and many around me I know have also, the heat depart from the os, the dryness disappear with the recurrence of the natural mucous exhalation, the rigidity vanish and dilatation result, and with the renewed pains upon "letting up" the anaesthesia, a speedy delivery crowning the work. It is in these cases where chloroform is indeed a boon from heaven, of which too much can scarcely be said.

But there are instances where the rigidity does not appear to be of this apparently spasmodic description, but where, perhaps from a chronic inflammation, there seems to be an infusion of fibrinous matter into the tissue of the cervix, and which is not amenable to the passive powers of anaesthetics. These require more potent remedies, and not unfrequently I have found rigidities relieved by the employment of the *douche*, as first recommended by Kiwisch and adopted by many others. This is simply the throwing of pure water with any ordinary self-injecting india-rubber (Mattson's or Davidson's) syringe against the os uteri and base of the bladder and uterus. This in itself will, either by its nervous shock or by destroying the integrity of the ovum, produce premature delivery, where we are compelled to do this serious operation for the preservation of the life of the mother. Warm water seems

to have the best relaxing effect when labor has fairly commenced, and where only relaxation of the os uteri seems requisite to complete the delivery. Cold water seems to act more efficiently in stimulating the tardy uterus to action, where labor has commenced but has halted or delayed in its progress. Sometimes the alternation of the douche at different temperatures will effect the relaxation of the os, and at the same time, by the shock, stimulate the perhaps flagging uterine action. A gallon or two of water should be thrown against the os in dystochia from rigidity, every half hour or hour, till relief is attained if possible. As an incentive to uterine action in the case of attempted miscarriage, the douche need not be repeated more than three or four times a day, and in a day or two labor pains will gradually commence and increase in strength. To effect this purpose, the douche, although not always effectual, is the safest and pleasantest operation, the labor ensuing is more natural, and no possible injury can be done to the organs by the operation.

But sometimes the nature of the os uteri is so changed by disease or inflammation from friction, etc., that it is cartilaginous in its consistence and in the character of its internal or external tissues. Some positive force must take the place of the passive treatment just recommended. If the pains are not violent, or if they can be temporarily suspended by an opiate, or in conjunction with anæsthetics, especially if it be an abortion or premature delivery, accompanied by hæmorrhage, then *plugging the os uteri with a sponge tent* will, with some efficiency, if there be time for this delay, dilate the mouth of the





uterus, and in the latter cases act as a tampon and prevent hæmorrhage, save in the cases of abortion (to produce which it was first recommended by Kluge) or miscarriage. I cannot say that I place much reliance upon this surgical appliance.

But there are cases that resist all such moderate attempts at overcoming the rigidity; the os seems to be converted into cartilage; it has stretched out till it is an inch or two in diameter, and then, firm, thick, hard, dry, hot perhaps, it does not, possibly cannot, dilate. With the extreme violence of the pain, the head has descended into the cavity of the pelvis, bringing the surrounding os with it. Sometimes the os, by a violent pain, is torn off and forms a perfect ring, as lately shown at the Pathological Society in this city. . What is to be done? There is no alternative. *Incision of the os* is imperative, and it is a perfectly safe operation. I have done it three times with perfect success. We all know, too, that the os tears: we have felt it give way under our finger, we have felt it after the labor; we often see, with the aid of the speculum, the os torn and ragged and ulcerated on these torn edges, the sequelæ of difficult labors. Cut it, then, with long scissors or with probe-pointed bistoury,—cut it anywhere. Writers theoretically advise who have never done this operation, and one cautions against dividing on the sides lest it tear up and so divide the uterine sinuses; and another, not to divide anteriorly and posteriorly, lest the bladder or rectum be injured. I have divided the os both anteriorly and laterally, and always without any hæmorrhage, subsequent inflammation or apparent ill consequences. It is unattended with pain, the patient noticing only a sudden feeling of power to assist the uterine action by voluntary muscular effort. There is no difficulty in the operation, the bistoury being guided upon the finger and the incision being made outward, and the edge guarded by the finger, lest it wound the vagina after having divided the os and cervix.

Division of the os uteri has really little danger, although occasionally followed by some bad results. August 11th, 1846, I attended a woman in her fourth confinement, who previous to this had a prolapsus of the uterus to such an extent as to protrude from the vulva to the length of two or three inches, and impregnation had taken place by the insertion of the penis into the os uteri! She had strong labor pains when I arrived, and on making an examination, I found a large mass, the os uteri projecting some inches from the centre of the vulva, which I supposed were œdematous labia, with edges hard, swollen and everted, bearing a strong similarity to the nose of a demijohn. The orifice easily admitted two fingers, above which the head was pre-

senting in the position of the vertex. After delaying till symptoms of convulsions appeared, the os remaining undilated, hard and dry, I applied the short forceps through this os. Traction but brought down the head with the enveloping os, to the full extent of the everted vagina. At this period the parts were in a most extraordinary state. The projecting tumor, which exteriorly the vagina and interiorly the uterus, was a cone, eight inches in length, five inches in diameter at the base, where it united with the body, and three inches at its apex. In the apex was the opening, two and a half inches in diameter, through which the hairy scalp of the fœtus, in rugæ with the pressure, was slightly projecting. Dr. Cheeseman was now called; I proposed dividing the os, and, with his assent, I made an incision superiorly, to the length of  $2\frac{1}{2}$  inches; the uterine pains tore up this incision  $1\frac{1}{2}$  inches further, and a healthy girl was speedily delivered. The hæmorrhage was very slight, and arose principally from its congested state. The os, along its whole border for the width of an inch, was indurated, and the integument thickened, and on its inner surface was changed in its character, so that it resembled cartilage. The uterus never returned to its normal position, notwithstanding that pessaries, astringent injections, etc., were used, but came down when she walked. After a few weeks I lost sight of her. The cut surface speedily cicatrized, but did not unite. Case reported in full in *American Journal of Medical Sciences*, Oct. 1846, in which are quoted two or three corroborative cases, all that exist upon the records of obstetric surgery.

In the same Journal for July, 1852, I report the first case on record, on this side of the Atlantic certainly, of division of the os uteri when internal, for rigidity. The patient was a large, muscular woman, thirty years of age, in labor with her first child. She had been in active labor, when I first saw her, twenty-four hours. The os was rigid, notwithstanding she had been bled a pint, and had taken tartar emetic in nauseating doses and several grains of opium. On examination, I found the vertex presenting in first position, pressing hard upon the os, dilated to the size of a tea-cup top, exceedingly firm and hard. At my suggestion, venesection was again resorted to, and  $\frac{3}{4}$  xvj further taken, producing some dizziness but no more dilatation. Twenty-four hours elapsed without the slightest change. She took eight grains of opium in divided doses before receiving any relief, and slept some, and the pains soon resumed with full force, but now diminished, the os not perceptibly dilated, vulva dry and hotter than yesterday. The friends urge some measures for relief. The only reason apparently why the labor does not advance, is the rigidity of the os, and if that could be

overcome, it appears that the labor would go on to a speedy termination. But how to effect this desired result? All the usual modes had been fruitlessly exhausted, mechanical dilatation by the fingers was impossible. A vigorous pain may perhaps lacerate the os. Lacerations of the os uteri are frequent. May it not, then, be cut? The attending physicians advise craniotomy. She had felt no life during the day. Remembering the former case, I determined to divide the os: with a pair of curved uterine scissors, I made an incision upon one side three-quarters of an inch, and on the other a quarter inch in length. The pains were revived by an infusion of ergot, and a large putrid child was delivered. The labor was delayed after the operation, by the head remaining nearly an hour on the perinæum, after passing through the divided os, and the body not being delivered without strenuous assistance. The occiput was to the right iliac anterior. Operations subsequently upon the os uteri have but strengthened my belief in the utility of division of the os for protracted rigidity. Instead of using the scissors, I would prefer a long probe-pointed bistoury, as more convenient and less objectionable from the character of the wound made.



The patient speedily recovered, but for a prolonged period subsequently had profuse leucorrhœa, and was for a long time after childless. Had she been of a less impracticable character, and had submitted to the treatment appropriate to the lacerations and fissures of the cervix uteri, she might have so far recovered as to have again become impregnated.

While I counsel this operation in all appropriate cases where other means have failed, I am aware of its contradiction to the teachings of others, some of whose opinions I will quote.

"I believe we shall rarely, if ever, fail in softening the cervix by some of the remedies I have recommended, and I must beg leave to enter my protest against more active interference."—*Churchill's Theory and Practice of Midwifery*, page 397.

"Under all circumstances, if you must have recourse to instruments at all, you had better at once have recourse to the perforator."—*Blundell*.

Baudelocque says: "After a convenient delay, to ascertain that the efforts of nature cannot overcome the resistance, and the administration of proper methods to relax it, it must be cut in several places, as

some practitioners have done. These incisions are preferable to rents which might take place in it, and have never been attended with the same consequences."

Dr. Dewees, quoting the above, thus remarks: "The success of this plan has been verified in this country, as the case of Dr. Thomas Archer most satisfactorily proves, where the uterus, loaded with its contents, was pushed through the os externum . . . he accordingly made three cuts in the uterine circle, . . . each about two inches long; . . . no unpleasant symptom followed." The case is evidently very similar to the one reported by me above.

Dr. Dewees also quotes Moschati, who made several incisions in the circle of the os uteri with success, in 1827.

Dr. Murphy says: "If these means fail, it becomes a question whether we should wait for the death of the child, in order to remove it by the crotchet, or incise the unyielding cervix. The former practice involves a sacrifice of life, but generally secures the mother from the injurious effects which may follow. The latter may be the means of preserving the child, but if the incision lead to a laceration of the uterus, the mother is at once placed in the most imminent danger of her life. The fear of such a consequence, it appears to me, has prevented any attempt being made thus to cut through this Gordian knot of difficult labor in its first stage: but whether this, like other operations, is only surrounded by chimeras of the imagination, which some bold spirit will dissipate, remains yet to be proved. Incision has been performed without accident; the same may happen again; and I confess, in a case such as I have described to you, I should be more disposed to adopt the shorter course, in the hope of saving the child, than to wait until its death enabled me to remove it. This, however, is but an individual opinion, and needs support."

My old instructors, Chailly and Cazeaux have written with more fullness upon this subject. Chailly says: "Aussi si cet état a résisté aux bains à la saignée, à la belladonne, ce qui arrivera le plus ordinairement, on devra pratiquer des incisions sur les parties latérales de l'orifice, à l'aide du bistouri en croissant ou du bistouri droit boutonné, et mieux encore à l'aide des ciseaux, courbés sur leur tranchant, et conduit sur le doigt jusque dans le col utérin. Il est utile, dans ce cas, de multiplier les incisions, pour qu'elles fournissent une assez grande dilatation, sans qu'on ait à craindre qu'elles ne se prolongent trop haut. C'est aussi pour éviter les conséquences de ce prolongement, qu'il ne faut pas les faire à la partie antérieure et postérieure de l'orifice. En

effet, prolongées dans cette direction, ces incisions pourraient intéresser la vessie ou le rectum.

"J'ai vu ce débridement de l'orifice suivi du meilleur effet, soit sur des femmes, où la rigidité pure et simple du col était le seul obstacle, soit sur d'autres chez lesquelles les parties étaient plus ou moins altérées.

"Chez une jeune fille âgée de dix-sept ans qui vint accoucher à la clinique, le col à l'état sain d'ailleurs, était tellement rigide, qu'il ne céda qu'aux incisions. L'enfant fut expulsé en position occipito-postérieure non réduite.

"Les incisions furent encore le seul moyen de rendre l'accouchement possible, chez une femme âgée, mère de dix enfans; le col était tellement dégénéré que, de prime abord, il fut pris pour le placenta implanté sur l'orifice."

Cazeaux writes from less experience: "Si l'orifice externe rétracté est seule cause de la difficulté, on aura recours aux incisions multiples pratiquées sur le pourtour du col."

Dr. Lever (*Guy's Hospital Reports*) says such an incision is unattended with danger, unaccompanied by pain, and free from copious or dangerous hæmorrhages.

Rigby says, where the structure of the os uteri has been much injured the resistance will probably be so great as to require artificial dilatation with the knife.

Professor Braun, of Vienna, thus writes respecting the treatment exclusively of eclampsia: "Scarification of the cervix uteri, at a more or less advanced period of the stage of dilatation, for the purpose of facilitating labor, has been recommended by Paré, Mesnard, Contouly, Lanverjat, Dubois, Kiwisch, Killian, Crédé and others, and it is done either with a probe-pointed bistoury, a utero-stomatome (two scarificator blades), or long, bent scissors. In the hands of a practised operator, the making of these incisions, under the above-mentioned conditions, does not involve any danger, and contributes greatly to rapid dilatation when the cervix is peculiarly rigid and undilatable. But when we consider the question of the necessity of this proceeding, it is indeed in very rare cases only to be justified, inasmuch as in the literature of the subject only very few observations are recorded in which the performance of hysterostomatomia was found to be indispensable, and that more on the theoretical than practical grounds." And again:

"The dilatation of the soft parts by incision, which has been recommended by Baudelocque, is without danger only when merely the ex-

ternal os uteri or the vaginal portion of the cervix are incised a few lines deep; it is very dangerous if the os uteri be very thick, or if the undilated part of the cervix still form a canal from  $\frac{1}{2}$  to 1 inch (Paris) long, because then the incisions can no longer be exactly controlled, but penetrate too deeply; and the subsequent introduction of the hand or extraction of the fœtus may produce uterine lesions dangerous to life, and under which the patient may sink, after she has recovered from the eclampsia. \* \* \* \*

‘Our opinion, therefore, is, that forced delivery, with bloody or bloodless dilatation of the cervix, is never to be resorted to when any injury from it is to be feared; and we think the wise consideration of the success, from the above described methods of increasing the pains, (colpeurysis, the introduction and retention of an elastic catheter between the chorion and the walls of the body and fundus uteri, tepid uterine douche, rupturing the membranes, secale cornutum, etc.,) affords sufficient reason to induce us to abstain from doing harm either by rash officiousness or irresolute passiveness.”

It is a question worth considering and deciding, of *how much importance is it to preserve the Integrity of the Os Uteri*, or rather should the danger of lacerating it be considered as an objection of any serious moment to an obstetric operation, having for its end the preservation of the life of the child?

I am free to confess that, after much thought and some experience upon these questions, my mind is made up. *The first duty of an accoucheur is to save the life of the mother, the second to save the life of the child*; the mother is to be saved at any cost—the child may be mutilated, destroyed, to effect this end. The child must be saved at any cost short of the life of the mother.

The mother's safety being secured, the child's must be sought for with the least possible injury to the mother. The physician who delays delivering a child till it dies from pressure, or asphyxiated, rather than risk injury—not danger to the life of the mother—errs greatly. It is a poor parent that would not hazard even life to save a child in danger; the physician, in a conscientious discharge of his duty, should hazard not the life, but any injury to the mother, be it immediate pain or subsequent disease or imperfection.

The older writers have taught that for all obstetric operations we should wait for the dilatation of the os uteri; and English obstetricians have even insisted that, in addition to this, the head should have so far descended as that the ear may be felt before the forceps may be applied. Still, in cases of arm presentation, it was allowed that turn-

ing might be performed as soon as the os was sufficiently dilated to admit the hand through it.

When death was considered to be the invariable result of rupture of the uterus, and the body of the uterus and the cervix uteri were supposed to be but parts of the same organ, such teaching was proper; but the anatomical discoveries of the nineteenth century make such teachings effete, and new directions proper to be substituted. Injuries to the uterus may be followed by metritis, while injuries to the os and cervix rarely if ever. We see this organ shockingly mangled by unprincipled abortionists, but, unless the body of the uterus is injured, death never follows; inflammation of the os and cervix rarely if ever spreading to the uterus proper.

If, therefore, there be *immediate necessity* for any obstetric operation, do it irrespective of the local condition; *apply the Forceps through an undilated Os*; perform craniotomy through a but partially dilated os; and even, if necessary, incise the os, in order to render an operation practicable.

Not to occupy too much time, I will quote but two cases from my own practice, to substantiate the feasibility of the position laid down.

June 15th, 1855.—Mrs. G——, East Eighteenth Street, was taken in labor with her second child. For several weeks she had experienced severe uterine hæmorrhages under the care of a homœopath. With the commencement of uterine action, Dr. J. W. Francis was called, and noting the profuse flow, sent for Dr. R. S. Kissam. The existence of placenta prævia was recognized, and they remained with her all night and gave such relief as was possible. At their request, I saw her at 4 A.M.; she was blanched, covered with a cold sweat, complaining of ringing in her ears, swimming in head, etc. She then took the aqueous extract of ergot ʒj. every quarter of an hour. She was tamponed, waters not evacuated. I recommended the removal of the tampon, and rupturing the membranes, which was done, and the os found to be dilated to the size of a tea-cup top, the placenta torn from the anterior lip and the border loose, the vertex presenting high up in first position, little or no expulsive pains, some flowing with each pain. The ergot had little effect, and after a half-hour's delay, when it was supposed that she could scarcely survive an hour longer, I suggested diminishing the head and delivering by crotchet and craniotomy forceps, as the speediest method of arresting the hæmorrhage, and offering the only hope of saving her life; as, independent of the uncertainties of the length of time required for the use of forceps, the danger of recommencing the flow of blood by further



disturbance of the placenta, probable in these operations, would be avoided by this operation. I performed this operation with some difficulty, owing to the small opening of the os, scarcely two inches in diameter, and the mobility of the head in the superior strait, and delivered a male child weighing ten pounds. The patient got up without experiencing any unpleasant symptoms referring to the uterus, and 16 months subsequently was again confined without difficulty.

January 18th, 1858.—At the request of Dr. John Bishop, at 6 A.M. I saw Mrs. J.—, Allen Street, in labor with her first child. She had been taken in labor three days previously, but the day before, at 4 P.M., the membranes had ruptured. I found her a short, muscular young woman, much exhausted, the pains excessively strong, and occurring every ten minutes, the os no more dilated than when first seen by Dr. Bishop, now about  $2\frac{1}{2}$  inches in diameter, firm but not rigid, and the head in the superior strait, movable, and not pressing upon the os uteri or base of the uterus; even with the extreme pain the os was not pressed upon, the head evidently resting upon the promontory of the sacrum and the os pubis. I advised delay and morphine. She took a grain and a half in three hours, but at 12 M. there was no more dilatation, no rest or cessation of the tremendous pains.

More morphine was advised, and at 4 $\frac{1}{2}$  o'clock she had taken two grains more with no evident effect, the head only being now immovable, the os still undilated; craniotomy was thought of, but as the child was evidently living I was inclined to apply the long forceps upon the head, still above the brim of the pelvis, although immovable. This through the still undilated os was done without great difficulty, and by strong traction the head was brought down into the pelvic cavity and so as to press upon the os. Chloroform was now given as a relaxant of the firm os, and by continued traction a large but asphyxiated male child was delivered, which after a half-hour's labor breathed with some regularity and lived till 9 P.M. Upon the prominence of the left frontal bone was a spoon-shaped depression, where the pressure upon the promontory of the sacrum had been exerted. The mother made a speedy "getting up." Present—Drs. Bishop, Tuthill, Wilson, and Saunders.

I am fully aware that the opinions here expressed are opposed to the teachings of the authorities. Velpeau says it is not allowable to introduce the forceps into the womb, until the orifice is sufficiently dilated and the head ceases to be movable and loose above the superior strait.



Ramsbotham, like all the older English practitioners who prefer craniotomy to the long forceps, says: "When the head is placed in any one of these situations, and the symptoms require it, we feel ourselves warranted in attempting to deliver by the short forceps—provided the os uteri be fully dilated—if we can feel an ear distinctly—and if there is sufficient space in the bony passages for the head to emerge—and if the soft parts are sufficiently dilated to admit of its exit without suffering serious injury." And again: "If there exists a well-grounded fear that the uterus may injure itself by the violence of its own expulsive efforts, in such a case, provided the os uteri is completely, or almost fully opened, with the vagina and perinæum sufficiently distensible, delivery may often be accomplished by the long forceps." Dr. Keating, the editor of the Am. edition, says: "Under no circumstances should the forceps be inserted within the os uteri; their application should be delayed until the circle of the os has risen above the parietal protuberances." Churchill says: "I do not speak of the difficulty of the forceps when the os is rigid, because it should never be attempted."

Blundell, enumerating a horrible catalogue of errors to guard against, says: "You may try to use it when the parts are rigid, and the os not fully expanded."

Rigby fairly gives reasons for his opinions, insufficient as they seem to be. He says: "In applying the forceps there are two indications which, *ceteris paribus*, are requisite in every case; first, that the os uteri shall be fully dilated; \* \* \* as it will be very difficult and frequently quite impossible to pass the blades between the head and os uteri when only partly dilated; it will be very difficult to avoid injuring its edge more or less, and if we do succeed in applying and locking the forceps, on making an extractive effort, we shall find that the uterus descends with the head as we draw it down."

I dare to oppose these teachings because they are theoretical, established upon no successful practice; secondly, because the theory is founded upon the belief that the corpus uteri and the cervix uteri are the same organ; thirdly, I know from actual, personal, practical experience that the rules laid down by the magnates are not without exceptions. I therefore, while asserting that the occasions for operations within an undilated os uteri are rarely—*very rarely required*, yet claim that they be considered as feasible and worthy of confident resort in times of great emergency.

In the hæmorrhages of abortion, operations have been considered proper, Dewees having proposed a hook for the removal of the embryo

and placenta. I have several times removed a three or four months' placenta by *twisting it off with polypus forceps from its uterine attachment*, and delivering it through a rigid os, which had barely allowed, with great pressure, the small embryo to pass through it. No injury has ever resulted from this operation, and I am confident that life has been saved by thus stopping an apparently fatal hæmorrhage.

When the head has descended into the pelvic cavity, so that the finger may pass into the os, it may be somewhat dilated by sweeping the finger around and within with some steady pressure upon it. This irritation will also excite flagging uterine pains, particularly if the finger be passed as high up as possible, so as to reach beyond the cervix, where the nerves are sparsely distributed, to the base of the uterus proper. This mode of procedure I have practised for many years, and supposed it a personal experience of my own, as it is not generally counselled in the writings of obstetricians, although recommended by Puzos, and endorsed by Velpeau, Burns, Hamilton of Edinburgh, etc. Within the last few months, Professor Miller, of Louisville, in his recent work, advises such procedure.

This is of more evident value in those cases characterized by a long anterior lip, where the head has come well down into the sacral cavity, but its flexion and further progress is impeded by this extended anterior lip, which is so thin as not unfrequently to be supposed to be the membranes applied closely over the head, or even the scalp itself, when I have known propositions for the application of forceps to have been made by practitioners of forty years' experience.

*Irritation of the os and cervix uteri* as a provocative of uterine action, I therefore would strongly urge upon practitioners of midwifery as a proper and feasible operation, and particularly upon those who are in the habit of giving ergot under such circumstances. I am confident that I cannot recommend a practice so deleterious as ergot giving.

Gentlemen, I thank you for the attention which you have given to me. The practice of midwifery has so long been considered merely as an art, that its scientific aspects have been overlooked. May I trust that a learned Academy will not pass, without careful examination, any conscientiously made statement, although it may conflict with the prejudices or even carefully-formed opinions of the learned and the wise?

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*Selections from Favorite Prescriptions of Living American Practitioners.* By HORACE GREEN, M.D., &c.

(CONTINUED.)

*Emmenagogues.*

All those means or agents, whether external or internal, which possess the power of stimulating the generative organs, and of causing a determination of blood to the uterus, are considered emmenagogues.

In therapeutics the term is restricted to those medicinal agents which "have the property of promoting or restoring the menstrual discharge."

Before employing emmenagogues we should carefully investigate the causes which tend to obstruct menstruation, that our efforts to remove these causes may be intelligently directed. Suppression, or absence of this discharge, is generally dependent upon some abnormal conditions of the system; or, the irregularity may be the effect of debility or of some organic disease of the generative organs; therefore, the remedies which are to be employed must have reference to these varied causes.

When the suppression of this discharge is dependent upon general debility, tonics are the appropriate remedies; and of these, bark and the preparations of steel are the most efficacious. Occurring in persons of a full and plethoric habit, venesection or other antiphlogistic measures may be required. Under other circumstances and conditions, again, amenorrhœa may be successfully treated with active purgatives, or with stimulating diuretics; and sometimes antispasmodics are the means indicated. Hence no single remedy, nor only one plan of treatment, can be adopted as being applicable to all cases.

The subjoined medicinal agents belong to that class of remedies which experience has proved to be the most efficient in promoting the menstrual discharge:

R.—Ferri sulphatis,	3iss.
Potass. iodid.,	3ij.
Tinct. cardamom.,	
Syr. symp., aa.,	f. 3j.
Aquæ font.,	f. 3ij.

M.—Fiat mist. ejus capiat cochl. parv. ter in die.

In cases of suspended menstruation, attended with headache, and with pains in the pelvic regions, the above preparation may be advantageously administered.

In chlorotic amenorrhœa attended with debility, other ferruginous preparations are often very serviceable, particularly when combined with vegetable tonics.

R.—Ferri carb., 3ij.  
 Tinct. columbæ,  
 Syr. zinziberi, aa., f. ʒij.

M.—Fiat mistura capiat cochleare parv. mane ac nocte. Vel:

R.—Ferri citrat., ʒij.  
 Syrupi Aurantii,  
 Aquæ menth. pip., aa., f. ʒij.  
 Aquæ puræ, f. ʒiv.

M.—Fiat mistura, de qua sumatur cochl. parv. bis terve in die.

"There is one formula," writes Dr. John Ware, "I have used for many years in chlorosis, and think it the most satisfactory remedy in this disease which I have ever employed. I mean for cases of young girls with pale catamenia, pale cheeks, pale lips—in short, paleness everywhere; with thin, transparent alabaster fingers and ears, short breath, palpitating throbbings in head, bruit du diable, etc., etc. Ecce signum.

R.—Aloës,  
 Ferri sulph., aa., gr. xvi.  
 Hydrarg. chlorid. mitis, gr. iv.

M.—Fiat massa et in pil. xvi. div.

"Taken twice or thrice a day; the quantity of aloës to be varied according to the state of the bowels, which are best kept moderately relaxed—at least two stools a day, if this can be borne. The quantity of calomel also to be varied, if necessary, and the mouth carefully watched.

"I know of hardly any combination in medicine so sure of doing its duty."

When we have reason to suspect the obstruction to depend upon a rheumatic condition of the womb, the greatest benefit may be anticipated from the exhibition of the following combination:

R.—Potass. iodid., ʒij.  
 Vini colch., f. ʒiss.  
 Syrupi sarsæ,  
 Aquæ font., aa., f. ʒij.

M.—Fiat mistura, de qua capiat cochl. parv. ter de die.

In connection with any of the preceding emmenagogue preparations the following pills may be taken, should a laxative be indicated:

R.—Aloës pulv., ʒiss.  
 Ferri sulphatis, ʒij.  
 Myrrhæ pulv., ʒij.

M.—Fiat massa, in pil. xl. divide; quarum sumat. j.–ij. bis quotidie.

In difficult and painful menstruation, attended with a torpid condition of the bowels, the following is a useful remedy:

R.—Decoc. aloës comp.,	ʒiij.
Sodæ sub-boratis,	ʒj.
Tr. aloës comp.,	
Tinct. castori, aa.,	f. ʒss.
Aquæ cinnam.,	f. ʒiij.

M.—Fiat mistura, capiat cochl. amplum ter in die.

In those cases of dysmenorrhœa which are dependent on rheumatic irritation of the os and cervix uteri, Prof. Davis is accustomed to employ, with great advantage, the following combination:

R.—Vini colchici sem.,	ʒj.
Tinct. stramonii,	f. ʒss.
Tinct. cimicif. racemosæ,	f. ʒiiss.

M.—Fiat mistura.

"Administered during the interval, between two or more menstrual periods," says Dr. Davis, "in doses of from half a drachm to a drachm, three times a day, it will often completely cure in the above cases."

After other remedies have failed, we have employed successfully the following mixture for the treatment of suppressed menstruation:

R.—Proto-iodid. hydrarg.,	gr. iij.
Potass. iodid.,	ʒij.
Tinct. gentianæ,	f. ʒiij.
Aquæ cinnam.,	f. ʒij.
Syr. simp.,	f. ʒj.

M.—Fiat mistura, cujus capiat cochl. parv. bis terve in die.

The emmenagogue recommended and employed by Dr. Dewees, has been for many years, among American practitioners, one of the most popular of all remedies for the treatment of suppressed catamenia.

The following are the directions as given by Dr. Dewees:\*

R.—Guaiacaci pulv.,	ʒiv.
Sodæ carb., vel potass,	ʒiiss.
Pimentæ pulv.,	ʒj.
Alcohol. officin.,	ʒj.

Macera.

Dr. Dewees directs, that the volatile spirits of ammonia be added to the above mixture, after it has digested for a few days, in proportion of one or two drachms to each four ounces of the tincture; and given in doses of a teaspoonful three times a day in a glassful of sweetened milk, or wine.

"I have," adds he, "for more than forty years, almost daily used this medicine in suppressed catamenia, and more especially in those of long standing, without its having failed in any case proper for its use."

#### *Gargles and Lotions.*

Gargles and lotions may, with propriety, be arranged together, for

\* Treatment on Diseases of Females, pp. 123-4.

both are medicated, local baths; the former being employed as washes for the mouth and fauces, whilst lotions are used as washes externally, and for injections.

In affections of the mucous membrane of the mouth and throat, gargles are only serviceable when the disease is limited to the fauces and pharynx; when it has extended into the larynx, or even into the subtonsillary fossæ, these parts are not reached by lotions employed as gargles.

As a gargle in inflammatory sore throat, and in the early stage of follicular disease of the throat, we have been accustomed to employ the following:

R.—Argent. nitratis,	℥j.
Aquæ rosæ,	f. ℥iv.

M.—Fiat gargarisma.

The subjoined may also be used under the same circumstances:

R.—Potassæ nitratis,	℥ij.
Mellis rosæ,	℥j
Aquæ rosæ,	f. ℥v.

M.—Fiat gargarisma sæpe utendum.

In chronic inflammation of the throat, and in the later stage of follicular disease of the pharyngo-laryngeal membrane, we have often derived great benefit from the frequent use of the following creosote gargle:

R.—Creosoti,	gtt. xxiv.
Tinct. myrrhæ,	
Tinct. lavendul., co., aa.	f. ℥ss.
Syrupi simp.,	f. ℥j.
Aquæ font.,	f. ℥vi.

M.—Fiat gargarisma.

Or the following:

R.—Creosoti,	gtt. xx.
Tinct. capsici,	f. ℥ij.
Tinct. myrrhæ,	
Tinct. lavendul., co., aa.	f. ℥ss.
Syrupi simp.,	℥j.
Aquæ font.,	f. ℥vi.

M.—Fiat gargarisma.

In aphthous affections of the throat, the following is an excellent gargle:

R.—Decoc. hordii,	℥vj.
Mel. rosæ,	℥j.
Tinct. opii,	f. ℥iss.
Tinct. myrrhæ,	f. ℥vi.

M.—Fiat garg.

Or the following, which has been highly recommended in ulcerated sore throat, may be used:

R.—Liquor. calcis chloridi,	f. ʒss.
Mellis rosæ,	ʒj.
Aquæ font.,	f. ʒvss.

M.—Fiat gargarisma.

As a most excellent detergent lotion in venereal ulcerations of the throat and fauces, the following may be frequently employed:

R.—Hydrarg. chlorid. corrosiv.,	gr. iij.
Solve in spirit. vin. rect.,	ʒss.
et adde decoct. cinchon.,	f. ʒvj.
Tinct. myrrhæ,	f. ʒiv.
Mellis rosæ,	ʒiss.

M.—Fiat gargarisma.

Young children, when affected with inflammatory sore throat, or in aphthous affections of the throat, are often much relieved by using frequently a mild wash; the following may be employed:

R.—Infus. rosæ,	ʒvj.
Tinct. myrrhæ,	f. ʒss.
Mellis commun.,	ʒj.

M.—Fiat gargarisma.

Or the following may be substituted when a more stimulating gargle is required:

R.—Tinct. capsici,	f. ʒj.
Aluminis,	ʒj.
Mellis commun.,	ʒj.
Aquæ puræ,	f. ʒivss.

Misce, pro gargarism.

In chronic sore throat, attended with relaxation of the uvula, the following astringent gargle is frequently employed:

R.—Decocti quercus,	ʒvij.
Aluminis,	ʒss.
Vini gallici,	f. ʒj.

M.—Fiat gargarisma.

The above is also a useful injection in leucorrhœa, or in ulceration of the rectum or vagina.

As a vaginal injection in leucorrhœa, the following lotion has been found excellent:

R.—Liquor. alumin. co.,	
Aquæ font., aa.	f. ʒvj.

M.—Fiat injectio.

In the treatment of old and indolent ulcers, particularly ulcers of the leg, we have employed, for many years, the following stimulating and sedative lotion:

R.—Calcis chloridi,	3j.
Opil pulv.,	3iss.
Aquæ font.,	f. 3vj.

M.—Fiat lotio et cola.

By applying constantly pledgets of lint, wet with the above wash, to old and troublesome ulcers, they have been healed, frequently, after other applications have failed. In the treatment of chancre, also, after cauterizing the ulcer, it is the most efficacious remedy that can be employed. Frequently applied by means of the lint, it soon changes the character of the sore, and arrests the ulcerative process. The employment of constitutional remedies, however, should not be omitted.

#### *Antacids and Antilithics.*

Those substances which are capable of combining chemically with the free acid that is often found to exist in the stomach and primæ viæ, and of neutralizing it, are denominated antacids. By combining with the acid of the stomach and digestive organs, a new innoxious compound is formed, and thus a temporary palliative effect is produced, relieving the symptoms caused by the presence of a morbid acidity. The employment of antacids, however, does not serve to correct, permanently, that peculiar state of the digestive organs which favors the formation of acids. Their favorable action is only temporary; their protracted use not infrequently serves to debilitate the powers of the stomach, and, therefore, "in no case should their administration be long persisted in without occasional interruptions."

Where the acid exists in the stomach and the upper portion of the intestinal canal, alkalies of the volatile kind, as ammonia and its carbonate, or the preparations of magnesia or of lime, should be preferred. If the acid exists in the urinary organs, those alkalies which have a tendency to act more directly on the kidneys, as the preparations of potash, magnesia and its salts, should be employed.

In cases of headache arising from acidity of the stomach and primæ viæ, the subjoined has been most efficacious in many instances:

R.—Sp. ammon. aromat.,	f. 3vj.
Sodæ bi-carb.,	3iss.
Infus. cascarillæ,	f. 3viiss.

M.—Fiat mistura, cujus capiat cochl. ampl. ij. bis in die, ante cibum.

In gastrodynia, and in other gastric and intestinal disturbances, the following is an elegant and invaluable mixture:



R.—Sodæ subcarb.,	3iss.
Aquæ puræ,	Oj.
Acidi sulph. dilut.,	f. 3j.
Confectionis aromat.,	
Aquæ menth. pip., aa.,	f. ʒss.

M.—Fiat mistura, cap. cochl. ij. mag. bis in die.

Or the following:

R.—Liquor. calcis,	f. ʒviiss.
Magnesiæ calcin.,	3ss.
Spirit. ammon. aromat.,	f. 3ij.
Tinct. card. comp.,	f. 3j.

M.—Sumat. cochl. ij. larga bis die, vel sæpius.

In heartburn and other cases of acidity of the stomach and primæ viæ, the carminative mixture first recommended by Dr. Meigs, is much employed, and often with great advantage:

R.—Magnesiæ carb.,	3ss.
Magnesiæ sulph.,	3iiss.
Sp. ammon. aromat.,	f. 3j.
Tinct. rhei,	f. ʒss.
Tinct. hyos.,	f. 3ss.
Aquæ menth.,	f. 3iv.

M.—Fiat mistura, cujus sumat cochl. unam mag. bis terve in die.

In chronic diarrhœa depending on a redundancy of acid in the stomach and intestines, the following will be found useful:

R.—Mistur. cretæ,	f. 3vj.
Spirit. cinnam.,	f. ʒiss.
Aquæ ammon.,	f. 3iss.
Tinct. opii,	gtt. l.

M.—Fiat mist. sumat cochl. j. or ij. ampl., pro re natâ.

The carminative mixture of Dr. Dewees has been extensively employed in this country in acidity, flatulent colic, diarrhœa, etc., of young children. It is an excellent remedy:

R.—Magnes. carb.,	3j.
Tinct. assafœtidæ,	f. 3ss.
Tinct. opii,	gtt. xl.
Sach. alb.,	3ij.
Aquæ puræ,	f. 3ij.

M.—Fiat mistura, date m. xx. vel xxx., pro re natâ.

My colleague, Prof. Davis, highly recommends, under the same circumstances, the following:

R.—Cretæ prep.,	
Sach. alb., aa.,	3j.
Acaciæ pulv.,	3ij.
Aquæ cinnam.,	f. 3iv.

M.—Sumat. cochl. parv. bis terve in die.

In the treatment of the lithic acid diathesis, the alkaline bi-carbonates are the appropriate remedies. Their exhibition should be preceded or accompanied by counter-irritation over the lumbar region, and, if indicated, active purgation.

R.—Aque ammon. carbonatis,	f. $\frac{3}{4}$ j.
Infus. gentianæ co.,	f. $\frac{3}{4}$ v.
Sp. ætherei nitrosi,	f. $\frac{3}{4}$ ss.
Aq. cinnam.,	f. $\frac{3}{4}$ iss.

M.—Fiat mistura, de qua sumat. cochl. j. vel ij., ampl. ter in die.

In those cases where the urine indicates the presence of lithic acid, the above mixture may be employed with advantage. Or the following:

R.—Liquor potassæ,	f. $\frac{3}{4}$ ss.
Tinct. humuli,	f. $\frac{3}{4}$ iss.
Infusi columbæ,	f. $\frac{3}{4}$ iv.
Syr. aurantiæ,	f. $\frac{3}{4}$ j.

M.—Fiat mistura, capiat cochl. larga unam bis terve in die.

In the arthritic or rheumatic diathesis, in which a tendency to the morbid formation of lactic acid may exist, we have employed advantageously the following:

R.—Potassæ iodid.,	$\frac{3}{4}$ ij.
Liquor. potass.,	f. $\frac{3}{4}$ iss.
Tinct. colchici,	f. $\frac{3}{4}$ j.
Tinct. cardamomi,	f. $\frac{3}{4}$ j.
Syr. Sarsa.,	f. $\frac{3}{4}$ iv.

M.—Fiat mistura, cujus capiat cochl. parv. ter in die.

The *Potassio-Tartrate of Soda*, in combination with the wine of colchicum and an anodyne, is the great remedy on which Dr. Fuller, of St. George's Hospital, London, depends, in the treatment of acute rheumatic affections. He administers these remedies in a simple saline or a nitre draught, as the following:

R.—Haustus salini,	f. $\frac{3}{4}$ iss.
Sodæ potassio tartratis,	$\frac{3}{4}$ j.
Vini colchici,	gtt. xv.
Tinct. opii,	gtt. vij.

M.—Fiat haustus.

"This draught is repeated," says Dr. Fuller, "for the first twelve or twenty-four hours, at intervals of three or four hours, according to the strength of the patient and the severity of the attack." \*

\* Dr. H. W. Fuller, "On Rheumatism, Rheumatic Gout," etc., p. 39.

*Puerperal Fever; An Abstract of the Discussion at the Paris Academy of Medicine.* Collated from the French Journals for the MONTHLY.

*M. Cruvelhier.*—I shall speak only of *classical* puerperal fever; that is to say, of the fever of lying-in women, and not of that fever which I shall call *analogical*, and which has been so well described by our spiritual colleague, M. Trousseau. My intention is only to exhibit the facts I witnessed during the two years and a half I was attached to the service of the Maternité.

The first result of my practice at that hospital was, that there existed for the diseases which prevail there, *benign periods*, during which the cases of puerperal fever yield with the greatest facility and *periods of malignancy*, during which they are of the severest character, and resist generally all kinds of treatment. The benign periods, however, answer to the time when the lying-in asylum has the least number of inmates; that is to say, during summer.

During these periods, the symptoms consisted of a more or less severe pain in the hypogastrium, accompanied by a considerable increase in volume, and especially in consistence of the uterine globe. This pain was sometimes confined to the hypogastric region; sometimes it extended beyond it. In the first there was metritis; in the second, metritis with partial peritonitis. A slight antiphlogistic treatment was sufficient for subduing these symptoms. Other facts gave me reason to believe that there was also, in certain cases, uterine phlebitis, which was kept in a state of obliterating or adhesive phlebitis by a prompt antiphlogistic treatment.

But during the winter of 1830–31, when the Maternité was crowded, the epidemic, puerperal fever, appeared with all the characteristics of malignancy. At the debut, chill, of which the intensity, duration, and especially the early appearance, was generally a measure of the gravity of the disease; abdominal peritoneal pain, a serious alteration of the countenance, smallness and extreme frequency of the pulse.

Relative to the therapeutics of this disease, I can say, that in the course of the five epidemics I have witnessed, I have tried every method of treatment, both rational and empirical, and all have equally failed.

The form and the severity of these symptoms lead me to give to the epidemic, puerperal fever of the Maternité, the name of *puerperal typhus*. In fact, I regard this fever as well as typhus, as a disease by infection, a miasmatic disease, resulting from a crowded condition of the asylum. I regard the fact of puerperal fever being limited to the vicinity of the Maternité as sustaining this view.

When, then, epidemic puerperal fever or puerperal typhus breaks out in a lying-in asylum, there is only one course to take—to evacuate the hospital and put the key under the door.

What conclusion do we draw from this, gentlemen? That it is necessary to suppress lying-in asylums and replace them by visits at home? M. Depaul has already said that this would be the best plan; or if such asylums are preserved, they should be so organized that the lying-in women should be in such conditions of salubrity that the miasmatic contagion could not reach them. The confinement of each woman by herself, in an especial chamber, would be the first of these conditions.

Now, what do we find at the autopsy of women who have died of puerperal fever? A uniformity of lesion, which is explained by the identical conditions in which the recently delivered are placed. The most frequent and the most serious of these lesions is, without doubt, peritonitis. But this puerperal peritonitis is always, or almost always purulent; sometimes at the same time pseudo-membranous and purulent; rarely pseudo-membranous alone.

Pseudo-membranous peritonitis is often partial or circumscribed to the hypogastric region. I am not acquainted with a single example of partial peritonitis; at least, with anterior adhesions.

The dominant characteristic of puerperal phlegmasias is the tendency to a rapid and abundant purulence.

As an annexation to puerperal peritonitis, I will place the diffuse inflammation of the sub-peritoneal cellular tissue, which I have seen to extend sometimes to the region of the kidney.

The ovaries and the fallopian tubes often participate in the puerperal morbid process. The cavity of these ducts is often filled by pus, and as there is nothing to prevent this morbid liquid from falling into the peritoneal cavity, the inquiry is always suggested whether, in a certain number of cases, the peritonitis is not the result of this effusion.

Purulent lymphangitis is the most remarkable characteristic of puerperal typhus. In an anatomical point of view, it is its special mark. M. Cruvelhier has never found this lesion in ordinary peritonitis, nor in any other inflammation. The presence of pus is incomparably rarer, as the consequent of delivery, in the uterine veins than in the lymphatic vessels. Great care should be taken not to confound the purulent veins with the lymphatic vessels which suppurate. This mistake has often been made, which will explain the differences in opinion.

The ganglions to which the purulent lymphatics go are generally injected with pus. It is still doubtful whether they can offer an im-

passable barrier to the morbid fluid, and so prevent it from mixing with the venous blood.

Can suppurative inflammation of the lymphatic vessels be cured? M. Cruvelhier does not peremptorily answer this question. He is satisfied by saying that in women who have escaped from the primitive puerperal symptoms, and who have afterwards died of some other affection, semi-concrete pus has been found in those points which are ordinarily the seat of lymphatic purulence of the uterus.

Besides the alterations which have just been described, and which are the most serious and the most frequent, we also find in puerperal fever suppurative uterine phlebitis, purulent pleurisies often double, lobular pneumonias, puerperal rheumatism, which also tends to suppuration, and finally gangrene of the uterus.

Such is summarily the pathological anatomy of puerperal fever. In the presence of inflammations so extensive, is not the question whether puerperal fever is a primitive and essential, or a symptomatic fever already settled? The following is what I believe relative to this point:

Puerperal fever is at the same time a fever and a phlegmasia, the consequences of a common cause—miasmatic infection. I see no objection in calling by the generic name of fever all the local diseases accompanied by febrile reaction. Let us continue, then, to give the name of puerperal fever to the fever of the recently delivered; but do not let us forget, that generally the local inflammations graduate the severity of the disease.

What is the nature of puerperal fever? I do not speak, be it understood, of its intimate nature, of its essence, but of the proper place to assign it in the nosological table. In this point of view, it seems to me that puerperal fever should be considered as the *traumatic fever* of the recently delivered.

In fact, the woman who has just been delivered can be compared to a person who has just undergone a severe surgical operation. In both nervous exhaustion, emotions of all kinds, severe and prolonged pains, open vessels, more or less abundant hæmorrhages, an extensive solution of continuity from whence necessarily results a traumatic fever, which, in lying-in women, is called *milk fever*, because, in virtue of laws easy to perceive in their result, but impossible to perceive in their means, it is accompanied by a secretion of milk in the breasts; such is the regular condition. Let us follow out the parallel, and we will find that the same causes of death operate both for the lying-in woman and for the individual operated upon, or the severely wound-

ed, as hæmorrhages, either primary or consecutive, convulsions, severe inflammations, gangrene, erratic erysipelas, suppurative phlebitis, and purulent infection, finally suppurative lymphangitis, which frequently takes place in the recently delivered, but rarely in persons suffering from extensive wounds.

Such is the result of the comparative observations which I have made at the Hôtel Dieu, in the service of Dupuytren, and in my own service at the Maternité, from which I draw the following conclusions:

1. Puerperal fever is essentially a traumatic fever.
2. The particular conditions in which the uterus and the whole organism of the woman who has been recently delivered, is placed, constitutes what may be called *puerperal traumatism*.
3. Epidemic and contagious puerperal fever, recognizing overcrowding as its principal cause, deserves the name of *puerperal typhus*.
4. The essential anatomical characters of puerperal typhus, are peritonitis, sub-peritonitis, and purulent lymphangitis. Purulent uterine phlebitis is incomparably rarer than suppurative lymphangitis.
5. It is highly probable that purulent inflammation of the lymphatic vessels is a cause of the intoxication of the blood in puerperal typhus; but this intoxication does not ordinarily show itself by visceral abscesses, as in purulent phlebitis.
6. The possibility of purulent infection of the blood by suppurative lymphangitis is not positively decided.

I hope I may be permitted, in closing, to express a wish, which I am sure will find an echo throughout the whole profession, that this discussion will not be sterile in its results. If some differences among us still remain as to the dogmatic interpretation of some of the morbid elements which compose puerperal fever, none can exist upon the fundamental fact of the eminently contagious and miasmatic character of puerperal fever in lying-in asylums. It cannot be expected that the rate of mortality of these houses will be diminished as long as these things remain in the state in which they now are.

There is only one course to take, the suppression of large lying-in asylums; their place being supplied by medical aid rendered at the homes of the lying-in women, to which can be added a certain number of small hospitals situated without the city, capable of receiving twelve, fifteen or twenty patients, in which each patient would have a room to herself.

I propose to the Academy to submit this serious question to the section on hygiene, to which may be added those of our colleagues who have made the diseases of lying-in women a particular study.

The report of this commission will be submitted to the Academy, and, after discussion, sent to the proper authority, who, I am convinced, will do justice to a reclamation so legitimate, and sustained by the whole Academy.

J. H. D.

*On the Detection of Phosphorus in Medico-Legal Investigations.* By  
Prof. E. DELARUE.

Prof. D. was charged with the chemical examination of the body of a man who was supposed to have been poisoned by the use of phosphorus. In spite of the employment of various modes of examination, he failed to detect the presence of the metalloid, and no evidence of a positive kind was obtained which would enable him to affirm that the man had been poisoned by phosphorus. It then occurred to him that he might be able to detect some metallic substances, such as are used to color the tips of friction matches, in which case he would be placed on the road towards the detection of phosphorus itself.

He submitted a very small part of the stomach (having been previously washed several times in distilled water) to combustion by means of sulphuric acid and the ordinary means, when suddenly, to his surprise, the carbonaceous mass was covered with brilliant sparks, which burned at the side of the capsule with all the characteristics shown by phosphorus when burning in the air. The operation was repeated several times, and in the presence of different persons, with the same result.

In another case examined by the same chemist; the intestines of a child four years old were offered for examination, under the impression that it had been poisoned by phosphorus. After a number of examinations, he failed to detect the presence of any toxic substance. Wishing, however, to test the validity of his operations, he submitted a very small portion of the stomach to combustion with sulphuric acid, having previously mixed with it the material dissolved from 20 matches (the manufacturers of Dijon use 30 grammes to 155,200 matches, consequently there was a little less than 0.004 of phosphorus in the 20 matches); yet this slight quantity gave all the phenomena of the combustion of phosphorus very distinctly, just as had been obtained in the previous case.

This method is very simple, and yet so exact that our toxicologists should keep it in mind, if their services should be needed in a case of phosphorous poisoning. Mons. Chevallier promises to furnish a report on the subject in a future number of his journal.

L. H. S.

*The Detection of Alum in Bread.*

There are several modes of detecting the presence of alum in bread. The first consists in soaking the bread in water, and then treating the filtered solution thus obtained with ammonia. The alumina is then precipitated, but always mixed with more or less of the phosphates, which become insoluble under such circumstances. On this account it is not proper to employ the weight of the precipitate as the indication of the amount of alum employed in the adulteration, and for this reason this mode of determination cannot be depended on.

Another mode of determination consists in incinerating the organic material, and seeking in the saline residuum the presence of alum. This, although leading to exact results, has the inconvenience of requiring too much time.

Dingler proposes a more expeditious method than either of these, based upon the peculiar discoloration which a solution of logwood undergoes in the presence of alum. It is only necessary to boil the suspected bread or flour in a dilute solution of logwood, when, if there is an adulteration with alum, the decoction will assume a quite characteristic red color. This reaction is very delicate, and enables a skillful operator to detect a nine-hundredth of alum. It is recommended by the author that the solution be dilute and freshly prepared in order to ensure success.—(*Polytech. Journal.*)

L. H. S.

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*Tincture of Urtica in Burns and Scalds.*

In the October (1857) number of the *Jour. de Chim. Med.*, it was noticed that burns were rapidly healed in America by the employment of the tincture of the small stinging nettle, (*Urtica Urens*,) which was prepared by infusing for some days in alcohol the plants cut into small pieces, and was applied by means of a saturated linen cloth to the burn, which then cicatrized rapidly. Justin Lukomski, a Russian practitioner, of the village of Bechui, in the Crimea, gives an interesting account of his employment of the tincture of the *Urtica dioica* in such a case. We transfer it to the pages of the MONTHLY as an account of an additional agent belonging to our own indigenous botany.

An infant had been left in care of a little girl ten years of age, during the absence of the mother. The girl laid the infant near the fire, (which the Tartars, not having stoves, make in their houses generally on the ground, under the chimney,) and was absent for a few minutes. The absence was sufficiently long for the child to place one of its feet



upon the burning coals, and to receive a severe burn; and being too young to be able to move away, might have paid the penalty of its life for the imprudence of the mother and the girl, to whose charge she had been confided, if the latter had not rushed to her assistance on hearing the screaming. The toes, and a portion of the upper surface of the foot, had suffered most from the action of the fire; the epidermis had been nearly entirely removed; the exposed subjacent parts were much tumefied, in part, even disorganized, and very painful, so that the least touch would cause the child to scream. The rest of the foot was also swollen, red, and painful. Along the leg there were also some spots, red, swollen and painful, and a blister a little below the knee.

Happening to have at hand a tincture of *Urtica dioica* prepared of the fresh plant, he determined to employ it. Fearing, however, lest the application of alcohol to parts denuded of the skin might cause too much pain and increase the inflammation, he diluted a certain quantity of the tincture with double its volume of water. This mixture was shaken for some time in a bottle, and a linen rag being saturated with it, was placed on the injured parts. The rag was ordered to be moistened three or four times a day with the diluted tincture without removing it, in order to give less pain to the infant. Two days after, the mother called on him again, begging him to give her some more of the tincture, and saying that the injured foot was already nearly cured; that there was no more tumefaction or redness, and that the denuded portions had begun to cicatrize. The affected parts in general were only slightly painful. As she had no more of the tincture, she covered the affected parts with hemp-seed oil, which, however, had produced some irritation, and was bringing back the redness, and even the pain. On examining the infant, he found that, notwithstanding the ill effects attributed by the mother to the hemp-seed oil, everything looked much better than when the child had been first seen by him. The dilute tincture was again employed. Four days afterwards the child had perfectly recovered; the nails had fallen off, but the burns had nearly entirely cicatrized; and in a short time afterwards but slight traces remained.

A cure so rapid, of a severe burn that would have required, by the means ordinarily employed, at least three times as much time, is well calculated to satisfy any one of the utility of the alcoholic tincture of the *Urtica* in the treatment of burns.

L. H. S.

*The Preparation of Curare.*

M. Er. Baudrimont, in the May (1858) No. of the *Jour. de Chim. Med.*, furnishes a short but exceedingly interesting account of the preparation of this substance, which proves its source to be animal and not vegetable, as it has heretofore been supposed. The paper recommends itself to the perusal of all who are curious on the subject of poisons, and who would know how skilled the Brazilian Indians are in the preparation of lethal agents.

Curare is one of those mysterious and terrible poisons whose action is quickly fatal when it is mingled with the blood in the circulation, but which, on the other hand, is innocuous when it enters the system from the stomach. The mode of its action rendering it altogether comparable with that of the poison of the most formidable serpents, seems to contradict all scientific notions of the present day, when we recollect that this substance, prepared with so much care by the Indians of South America, is considered as the juice of one or more plants of the genus *Strychnos*, (*S. toxifera*, and *S. guianensis*.) But all known and tried vegetable poisons act as well through the digestive organs as by inoculation—curare being the only exception!—an exception which is inexplicable, from a point of view recognizing its origin as vegetable, or from a chemical consideration of the subject, unless the existence of the alkaloid, *curarine*, is admitted. We have been delighted to collect recently some novel information on the preparation of curare; and it has appeared sufficiently interesting and curious to desire to make it public, as it enables us to comprehend the *modus operandi* of this redoubtable poison.

According to Humbolt, the Indians on the banks of the Orinoco prepare this substance from the bark of a plant called *vejuco de macarure*. The bark being detached from the stem, is scraped, bruised and crushed, so that the juice may be extracted by the Indians, filtered, and then concentrated by heat. When the liquid has attained a syrupy consistence, there is added to it another vegetable juice which is very glutinous, and is called *kiracaguero*, which is not poisonous, but which serves to give the curare its proper consistence. In this condition it is employed by the Indians to spread on the extremities of their hunting or war arrows.

To these facts, collected by Humbolt, exhibiting curare as a veritable vegetable extract, Mons. Goudot has lately added some new information; and, according to him, the savages of Messaya add to the juice of the plant a few drops of the poison obtained from the poison bags of the most venomous serpents. But the preparation of curare,

as communicated to us by one of our pupils, M. Terral, and obtained by him from different persons, all very reliable, who had lived among the Indian tribes of Brazil, is as follows:

Those who are about to prepare the curare select a large animal having firm and tough flesh, such as the horse or buffalo. After having killed it, they suspend it at a place known to be frequented by the different species of the *Crotalus*, which breed in those regions. The inoffensive prey is abandoned to these terrible enemies; the crotali approach and repeatedly exercise their useless bites and powerless rage on the prey which is suspended, and much too large for them. After three or four days delay, during which the flesh has had time to be infected by the formidable venom of hideous reptiles, the Indians come for and carry it away in vessels, where they permit it to enter into complete putrefaction; and then, when this infected mass is reduced to a pulp, they squeeze into it the juice of the *vejuco de macarure*, taken at the time of blooming, because they consider it then as most active; and mixing the whole with the assistance of sticks, they thence express at length from this pulpy mass a concentrated liquor, of which they fill the little gourds that are always suspended from their waists.

With this preparation they cover the arrow points either by plunging them rapidly in the liquid at the time they wish to use them, or by fixing it on with the assistance of some viscid substance which will cause it to adhere, as when it is necessary to prepare the poisoned arms beforehand.

Such is the information that we have received, and if the preparation be truly thus made, it will then be possible to explain the characteristic and special action of this frightful substance; furthermore, it will give us a high estimate of the murderous conceits and of the knowledge of those savages, who, accumulating one after the other, vegetable poison, the virus of putrefaction and the venom of serpents, excel in one stroke the deadly science of Locusta and Brinvilliers, by concentrating, in the same product, every most horrible thing in the shape of a poison that one could dream of.

L. H. S.

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*Vaccination as a Protection.* (From Jour. de Chim. et de Pharm.)

Vaccination may be considered as the greatest gift in the possession of medicine. That it has met those who have opposed it from the time of its origin, was simply the fate of all great discoveries; but that after a half century of decisive experiments for the masses, always

slow in acknowledging progress, there should be found men of a certain scientific reputation and of a conviction sufficiently deep to undertake, in the name of reason, experience and statistics, a crusade against vaccination, this is noted with astonishment and grief by almost all physicians; but, fortunately, without uneasiness for so just a cause. It is very well known that inoculation, made in a suitable way, before the discovery of vaccination, was then a grand protection, to which we would be happy to return if vaccination should lose its power; but, fortunately, it appears that there are more chances for the exhaustion of the variolous virus than of the vaccinal virus.

It has been repeated as a species of gossip, that variola is a necessary means of depurating the blood; that the consequence of its suppression has been the development of new diseases more terrible even than itself, among which croup, uterine diseases, typhoid fever, &c., have been named; by an erroneous interpretation of statistics, it has been added that vaccination has had the effect to increase definitely in Europe the figure of mortality, or at best, to displace this, and to cause youth and manhood to pay a tribute to death, which infancy formerly paid; whence, they say, a real loss to humanity.

Physicians thrown back on their proper reliance—experience—have scarcely done justice to the accusation relative to the variolous depuration of the blood. It appears, at first view, that mankind did not enjoy worse health before the invasion of variola, which is of recent origin as compared with the age of the world, than since that period; and furthermore, that there is no temporary or definite deterioration of health arising from the disease. How long is the chapter of diseases which are likely to occur during convalescence from variola, as also in the case of two other depurations, from which we should be too happy to be delivered, measles and scarlatina!

It is demonstrated historically that uterine diseases, croup, and typhoid fever are of much earlier origin than variola; as far as their relative frequency is concerned, the assertion is not more easy to establish than the denial in the want of figures; but from the manner in which the authors who have preceded us, those of the 19th century in particular, speak of typhoid fevers, known then under the names of mucous fevers, synchous, putrid and malignant fevers, they could not have been less numerous and less fatal than at present. There is in Stoll's work a statistical table of diseases observed by him and his predecessors at the Hospital of St. Trinity, in Vienna, from 1762 to 1775, which established, as regards other diseases, a percentage nearly

equal to that which Vigla finds in his attendance at the municipal maison de santé.

However, typhoid fever is so little preservative from variola—it is so little an internal variola, that we see it sometimes seize those convalescent from the disease, as every physician to a hospital has witnessed. In the department of statistics, where long, special, and hard study is required, an answer has not been delayed long by the voice of a physician very experienced and sagacious in this kind of research, Mons. Bertillon, physician to the hospital of Montmorency, who, first in the *Moniteur des hôpitaux* and the *Union Médicale*, and more recently in a work entitled *Conclusions Statistiques contre les detracteurs de la vaccine*, has perfectly sustained the title of his book.

His numerous and exact researches bring back the consoling thought that the mortality, since the practice of vaccination, not only in the infant but also in the adult, has diminished. "It is satisfactorily demonstrated," says Bertillon, "that before the revolution there was a decrease of 55 in 1,000 children from 0 to 14 years, and that it is not greater now than from 32 to 33. For adults there was a decrease of 26 in the 1,000, and now it is not greater than 20. What place is there for doubt in the presence of results so important, decisive and satisfactory? What place is there for a contradictory hypothesis?"

There is, however, to be noticed a singular fact, which is quite contradictory, apparently, to the cause of progress, as M. Bertillon with truth calls it. If it be true that the mortality has diminished, with all ages, in the nineteenth century as compared with its predecessor—when we compare a period of this century, as, for example, that from 1817 to 1831, when the influence of vaccination, which dates only from the beginning of this century, should have been but slightly manifest, for ages between 15 and 30, with a subsequent period more favorable as regards the benefits to be expected from the new discovery, as that from 1840 to 1849, the comparison of the two periods with reference to the earlier years (from 0 to 15 years) is at first favorable to the cause of vaccination, and ceases to be so with more advanced ages, as is evident from the following table:

Numbers of deaths 10,000 of each age.

AGES.	1817—1831.	1840—1849.
15—20	67.5	70.5
20—25	108.5	134.0
25—30	87.5	108.0

"There are at this time," says Bertillon, "134 deaths of those at ages from 20 to 25, when only 108 were counted in the first quarter of the

century; and we lose 108 lives of those in the next period, (25 to 30,) when in 1825 there were only 87 lost. It is not possible to doubt but the mortality of the young has been greater in the present period than under the restoration; and the opponents of vaccination, who have not been able to explain it, have not failed, in the spirit of the *post hoc ergo propter hoc* logic which is familiar to them, to attribute it to the influence of vaccination."

It is of the highest importance for hygiene and the State that the cause of such degeneracy should be investigated; but without touching anything but the point under consideration, it is easy to exonerate vaccination entirely by the production of the fact that, on the analysis of the tables, the increase of the mortality belongs exclusively to the male sex, the mortality of adult females having diminished or remaining nearly stationary.

We cannot follow Bertillon in his studies on this curious point of statistics, and in his enumeration of the causes which have been able to produce such a result; we confine ourselves to the principal of these, which accord with those given by such modern statisticians as Quételet, Villermé, Benoiston, and Boudin: 1st. Residence in cities; 2nd. Industrial occupation; 3rd. Life in barracks—three chief conditions of the increase of mortality in the adult period; since mortality in civil life alone has not been more than 10 in 1,000 with those from 20 to 30 years old, it is as great as from 18 to 20 in the army of the interior, especially in the early years of conscript life.

If the preceding results, relative to France, are favorable to vaccination, although there is much to be desired in other reports, its innocence is still more victoriously established by figures borrowed from a country in which the interments and their ages have been preserved with great care for a long time, and the enrolment of the population is repeated at very close intervals. We refer here to Sweden. Bertillon has calculated, from official documents, the liability to death for every age, at the three following epochs: 1755-1763, 1815-1825, 1840-1849.

About 1803 they began to vaccinate in Sweden, and by degrees it progressed so that out of 100,000 births, 80 or 90,000 are vaccinated. Thus, as Bertillon shows, by comparing the epochs indicated, the mortality at each age can be appreciated: the first belonging to the past century, before there was any influence of vaccination; the second about 1820, when the influence was exerted on infancy and not on adults; the third about 1845, when the influence was exerted on all ages, old age alone excepted.

"There were (for every 1,000 living persons at that particular age) in Sweden, *in the past century*, 289 deaths in the first year of their existence, but 210 in the first quarter of our century, and only 188 at the present time. If we look at the adult mortality, we shall see that of those from 20 to 30 years of age, we have now only 755 deaths, (for 100,000 living at that age,) instead of 855 at the beginning of the century. These figures, however, relate to the male population; but the same result, and even more striking, is found in examining the records of female mortality.

We see in Sweden, as in France, that the mortality has diminished for all ages, but in a more marked manner during the early years of life. On the other hand, although in France for 25 years this progression has been arrested for the working periods of life, and has even retrograded for the male sex, nothing of the kind has occurred in Sweden, where the mortality has even diminished during the productive ages. But by singular coincidence, *the progress of the mortality of the two sexes was arrested in Sweden*, for those, who being from 60 to 70 years of age, were born before the origin of vaccination.

Bertillon is not content with furnishing proofs of the innocence of vaccination; he has subjected the statistical documents brought against him to a searching criticism. In this contest, where our sympathies accompany him, victory seems to him certain, and we receive with acknowledgments the following conclusions furnished by him.

Vaccination, placed at the bar of accusation, has not only been exculpated, because the accusations hurled at her have vanished during the discussion, but irrefutable witnesses have also appeared to determine her innocence, and to prove that she does not give us anything but benefits. To-day we can *affirm* that vaccination, so precious to the infant, is not injurious at any age.

L. H. S.

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*A Case of Uterine Polypus.* By SETH SHOVE, M.D., Bedford, N. Y.

On the 6th of December, 1855, I was called to Mrs. T——, of Somers, aged 51 years, and found her extremely feeble, having been exhausted by repeated uterine hæmorrhages during the last five years, which had of late gradually increased in frequency, till they now recurred every two or three weeks, when her life was brought into most imminent danger.

These hæmorrhages had been attributed by her physician, as is com-



mon in such cases, to the "turn of life," and consequently she received no other treatment than such palliatives as are usually administered in such cases.

A superficial glance detected such symptoms as convinced me that she labored under organic disease, and I proposed a more critical examination, apprising her at the same time that she had nothing to expect from medicine. She, however, declined for the present, saying if she was no better she would let me know. On the 15th of the same month I was called again, and found her prostrated by another profuse and alarming hæmorrhage. She now readily assented to an examination, which at once disclosed the cause of all her trouble. A fibrous polypus, about three inches in diameter, was found attached by a pedicle an inch in diameter, to the inner and posterior surface of the cervix uteri. For the present, I made use of such styptics as were at hand, together with mechanical pressure, proposing to see her on my return from a journey, which was arranged for the following day. Upon my return on the 5th of January, 1856, I found her in nearly a dying state from loss of blood. She called her family together and gave them the parting hand, preparatory to an operation which should have been performed years before, as the only means of relief.

On account of her extreme exhaustion, I resolved upon the ligature as the safest means, which I applied in a most careful manner, by means of Levret's double canula, and had the satisfaction to find the hæmorrhage immediately and permanently arrested.

The ligature was tightened from time to time, and on the 11th of January, seven days from the period of its application, came away by a slight effort.

Up to this date, embracing a period of now over 16 months, there has been no return of hæmorrhage, and the patient is in the enjoyment of good health.

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*A Case of Nævus Maternus.* By SETH SHOVE, M.D., Bedford, N. Y.

I was called, January 14th, 1856, to see a female child of Rufus Clark, of Bedford, 3 months old, having an erectile tumor upon the nose, extending to a little above the superciliary ridge, below to within four lines of the end of the nose, and laterally quite to the inner angle of either eye. Highly vascular, bleeds freely upon the slightest touch, and is growing rapidly. The case gave some alarm on account of its involving the lids of the eyes, and threatening to injure their im-



portant functions; and also led to some doubts as to the best mode of operating.

After mature deliberation, I resolved upon the use of the hot needles, which were passed rapidly and freely through every portion of the tumor. A considerable number of the needles was used, on account of the unevenness of the surface, and the proximity of the tumor to the eyes, requiring the nicest manipulation. A total disorganization immediately ensued, leaving a black crust, which sloughed off in about a week. The whole suppurating surface was now touched freely with the nitrate of silver, to remove some slight inequalities, as well as to destroy a small red point upon one side. The sore was dressed with simple ointment, and healed slowly, promising to do well.

At the end of three months it showed a disposition to reproduction, when the needles were again introduced with the happiest effect, producing a speedy cure, and leaving but a small cicatrix, considering the size of the tumor.

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#### REVIEWS AND BIBLIOGRAPHY.

*Ventilation in American Dwellings, with a Series of Diagrams presenting Examples in Different Classes of Habitations.* By DAVID BOSWELL REID, M.D., F.R.S.E., &c. *To which is added an Introductory Outline of the Progress of Improvement in Ventilation.* By ELISHA HARRIS, M.D., &c. New York: Wiley & Halsted. 1858. 8vo, pp. 124.

Physicians, architects, builders, and people generally, will find this volume a most important guide in the hygienic treatment of disease, in the planning of public buildings and private residences, and in the employment of those ordinary measures which insure a pure atmosphere in our dwellings. Being a domestic people, and passing much of our lives within our habitations, there can be no subject connected with sanitary reform which should interest us more than ventilation; yet there is scarcely a subject upon which we are more ignorant than this, as can be demonstrated by a visit to any building within our midst. We love comfort, and surround ourselves with all the luxuries which money can obtain and art devise; we rig our houses with costly heating apparatus, to bring to our very side the warm current of steam, of hot air or water; we have streams of pure water coursing through our houses and pouring at our will into every corner; we rob

night of its darkness through the aid of the chemist's skill, but neglect to supply ourselves with the greatest of all luxuries—the most easily to be obtained—a pure atmosphere.

"Air," some one has said, "is the hidden food of life." It is the aliment of respiration, and all the functions of the body depend upon it. No other food is so essentially necessary to existence, and yet no other food has so little attention to its preparation before it enters the body as the air we breathe. Upon the mountain side we puff the pure breezes and feel invigorated; in the crowded room we snuff the vile odors and feel depressed; but we little think what hidden changes are wrought in the constitution of the blood by the purity of the air, or the deleterious principles for which it serves as a vehicle. "As the air is, so is the blood," has said one of the early writers in medicine; and as the blood is the body, so does the air bear to us the elements of health, or become a source of disease and cause of death.

Dr. Reid has done a great service in applying in this work the results of his great experience to the subject of "ventilation in American dwellings," which are proverbially most ill-ventilated.

It is impossible for us to analyze this work, the treatment of the subject depending for its illustration upon the diagrams, which are profuse; but we would direct the attention of the physician to it as the best work on practical ventilation with which we are acquainted. The subject is generally and ably treated by Dr. Elisha Harris, in an introductory essay, including the progress in ventilation, and in this portion of the work we find that no author has done more to advance this part of hygiene than Dr. Reid. His writings have been numerous, and the application of his system has been successfully tried in the Houses of Parliament, in London, as well as many other public buildings in Great Britain.

As an instance of defective ventilation in hotels, Dr. Reid cites the case of the National Hotel, at Washington. This disease which affected the inmates of this hotel is so well known, and the views upon the subject are so conflicting, that we are glad to have the opinion, though cautiously expressed, of one so capable of grasping the subject as Dr. Reid. The recent death of one of our distinguished men, from the effects of the disease contracted at this hotel, has elicited the fact, that more than thirty have succumbed to its effects, while scores are still suffering.

The minds of all men in the profession have not been satisfied to receive the report of the Board of Health at Washington, or that of the committee of the Academy of Medicine in New York, as the ultima-

tum, and have waited patiently for the full published report of the facts to form their judgment; but in this work we find a suggestion thrown out which may go far to reconcile all conflicting views, and explain the occurrence of some phenomena which were not satisfactorily explained by the theory of miasmatic emanations.

Although Dr. Reid believes that this disease was not unconnected with the condition of the ventilation, he yet does not express himself as utterly opposed to the view that other causes may have contributed to increase the effect, for we find a doubt expressed in a foot note to page 7, in the following words: "Whether its effects may or may not have been increased by other causes and their proportionate influence, is another question;" and again, on page 94, "Whether other causes contributed or not, is a question that is not entered on here; recent facts and statements that have been made on this point may leave this an open question till the whole of the evidence on this subject shall be published and compared."

As other causes may have been present, he adds, "Let it be recollected that there are no deleterious gases that can arise from the admixture of chemicals that may meet in obstructed drains and sewers, that may not find their way into hotels, houses, and other buildings, as well as the products of putrefaction from animal and vegetable matters. Sewers may discharge there the products found at the distance of miles, particularly if they be trapped so as to exclude the access of air in the streets. And who can estimate the emanations that may not proceed from such sources, when they arise from chemicals discharged from a manufactory, an apothecary's shop, a paint shop, a telegraph office, or the poisoned remains of animals that may have accumulated in the sewers? Further, the very cement or mortar may imbibe materials that discharge sulphureted or arseniureted hydrogen from compound mixtures or fermentation, or from the action of an acid; and these find their way, by a retrograde current in the drains and sewers, to any building connected with them, when the drains have been injured and the traps rendered ineffective."

This is a point of view which few have taken of this disease, and thorough investigation made from it may terminate in solving a problem which is now enveloped in some mystery.

Ventilation as applied to the sick chamber constitutes one chapter in this work; and in others we are shown by diagrams how to medicate the air of rooms, or carry off any unpleasant emanations from the bodies of the sick, so as to prevent the propagation of contagious or infectious diseases.

Physicians are now attending more to the hygienic treatment of disease than heretofore, and this work will aid them greatly in studying the employment of one of the principal agents enumerated by Hallé among the *circumfusa*, and which received the first attention from the Father of Medicine.

D.

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### PROCEEDINGS OF SOCIETIES.

#### NEW YORK PATHOLOGICAL SOCIETY.

Regular Meeting, Feb. 10, 1858. Dr. E. R. PEASLEE, *President*.

[Reported for the MONTHLY, by E. LEW JONES, M. D.]

A report of a case of fracture of the skull, with removal of portions of the fractured bones, was read by *Dr. Isaacs* for *Dr. Cochran*, of Brooklyn.

On the 7th of September, at 4 P.M., D. W——, a boy 14 years of age, fell about fifteen feet, into the hold of a ship lying at the foot of Eighth Street, New York. He was taken up in a state of perfect insensibility. Blood issued copiously from the nostrils. He was conveyed to his home in Brooklyn, by Dr. J. Asherly, who afterwards assisted at the operation, and while on the way he vomited small quantities of blood several times, and continued so to do until after the operation. I saw him about two hours after the accident. He was then, and had been, entirely unconscious since the fall.

*Pulse* small and irregular, insensible. *Pupils*, one contracted, the other dilated. *Skin* cold. There was considerable swelling from extravasated blood over the left temporal region; a wound about  $\frac{3}{4}$  of an inch in length in the integuments, through which it could be discovered by the finger that the corresponding portion of the cranium was extensively fractured. A large quantity of blood was also extravasated over the central and lateral portions of the parietal and upper surface of the occipital bones, which were also ascertained to be fractured.

Dr. Isaacs, being called in consultation with Dr. Mitchell and myself, the wound in the integuments over the temple was enlarged by a conical incision, discovering a large quantity of extravasated blood which was turned out. Then the larger part of the squamous portion

of the temporal bone was found to be fractured, and driven in on the brain. A piece two inches long and one inch broad was raised up and extracted; some small fragments were also removed. An incision about four inches long was now made over the lateral portion of the parietal bone, a large coagulum was turned out, and a piece of bone two and a half by one and a half inches was found to be depressed to the extent of about half an inch. This was removed, with many small fragments.

It was now ascertained that the dura mater had been lacerated to the extent of more than two inches. On raising the bone, portions of the brain escaped. A fracture could be seen and felt to extend underneath the integuments, backwards and downwards towards the base of the skull, for at least two inches from the large opening caused by the removal of the bone, and was about quarter of an inch in width. How much farther this extended towards the base of the skull could not be ascertained. The edges of the bones at the large opening, and that of the narrow posterior fracture, were found to be denuded of their periosteum to the extent of nearly half an inch. The wound was dressed with soft pledgets of lint, covered with adhesive straps; warm applications were made to the feet, and a large enema was administered. The bowels fully opened. He remained entirely unconscious from the time of the accident until the ninth day. During the time his only nourishment was ice water and chicken tea. Spasms in all his extremities commenced on the fourth day, occurring every hour until the ninth day, and lasting from ten to thirty-five minutes each time.

On the ninth day there was some consciousness. This gradually increased, and from this time he might be said to be in partial possession of his mental faculties for five weeks. Of this period he now retains no recollection. About this time his mind suddenly seemed to become much clearer, and duly improved until at present he seems to be perfectly in possession of his intellect.

At the time of the accident it was noticed that there was a black circle around the eyes, from extravasated blood in the cellular tissue of the eyelids, and of the parts around and within the cavity of the orbits. This, after some nine or ten days, gradually passed away, after undergoing the various changes of color usually remarked under similar circumstances. It was accordingly believed that the fracture had extended into the orbital cavity, and blood had thus been extravasated into the eyelids and surrounding parts.

About the fourth day the wound presented a very unfavorable ap-

pearance. The granulations had a dark, unhealthy aspect. The discharge was thin, serous, and otherwise ill conditioned.

On the seventh day it was noticed there was a total absence of all granulations. The fractured bones were entirely naked to the distance of half an inch from their edges, and of a grayish yellow color. The discharge was black and exceedingly offensive. A fungus cerebri had appeared, about the size of a small hickory nut. Commenced the use of a diluted solution of chloride of soda to the wound. The strength of this was daily increased, the wound was dressed twice a day, and moderate pressure applied to keep down the fungus. Under this application the wound gradually improved in condition, granulations began to spring up, and on the thirteenth it was found to be impossible to keep down the fungus, which had increased to the size of a large pigeon's egg. It was excised on a level with the cranial bones.

The hæmorrhage from the vessels of the brain amounted to two or three ounces. As it was found impossible to ligature two or three of the arteries which had retracted underneath the edges of the bone, the bleeding was arrested by passing small pieces of lint under the bone with a probe, so as to press upon the vessels.

The fungus when removed, and examined, not only by the naked eye, but also by the microscope, was found to consist almost entirely of cerebral matter.

After excision, pressure was constantly and carefully applied to prevent any return of the protrusion. The use of the chloride of soda was continued for three weeks longer. From the ninth day for three weeks he refused to take any other nourishment than sugar candy, and occasionally calve's foot jelly, and ice water of which he drank enormous quantities. The above were the only articles he desired or could be induced to take. After this time his appetite became ravenous, and he was allowed the ordinary diet.

The bowels were opened thoroughly by enemas during the first twenty-four hours after the accident.

It is a remarkable fact, that after this time they were not moved for twenty-two days, inasmuch as every effort to administer enemas brought on severe spasms.

He also most obstinately resisted the taking of medicine of any kind, or in any shape, except syrup of rhubarb, of which he was very fond; it was given to him in increasing doses daily, until he had consumed ten ounces, when an operation was obtained.

As repeated attempts to open the bowels, either by purgatives or

enemas, were found to produce excessive agitation and spasms, it was deemed most judicious not to insist any more on this point.

From this period the boy has gone on in a steady course of improvement, and you have the patient now before you, completely restored to health.

*Dr. Gardiner* then made a verbal report of a case. He was called last Monday to see a young woman, who was very near her time of confinement, but who had ceased to feel life since the Tuesday preceding; previous to that time she had abundance of signs; this was her first labor. On the Tuesday referred to, while passing up and down her room, she felt three or four very severe movements in her side; from that period no motion was perceptible. On Tuesday morning, at about four o'clock, the membranes ruptured high up; about five o'clock the same morning, when he made a very careful vaginal examination, there were no signs whatever of an os tincæ. After careful manipulating he discovered an opening about the size of a pin's head; it seemed hardly possible that this should have given vent to the amniotic fluid. He made a careful stethoscopic examination, and found no signs of the fetal heart; the placental bruit was perfectly distinct. After a little while this small orifice dilated, a pouch protruded, which was evidently not the amniotic membranes, but a portion of the scalp of the child. The os dilated very slowly; about two o'clock P.M. there was a large protuberance from the vagina, as big as the fist, under the pubis; along with it the eyes and nose of the child were plainly perceptible; it remained there for a considerable time; severe pains seeming to make no impression upon it, he made traction by means of the mouth; the operation took about half an hour. The os was dilated, but not sufficiently to allow the delivery of the child without some force. Here is the fœtus; the portion which presented was the frontal portion, where there seemed to be some deficiency in bony structure, apparently an arrest of development; this was the portion which presented, the bones of the head being pressed down into the sac until it was delivered; in other respects the child was perfectly well formed. On noticing this deficiency, he asked if she had any frights during her term of pregnancy by which she could account for this. He could not discover that any mental impression had anything to do with this arrest of development. A similar case of a child had come under his observation, which had a similar deficiency in the back part of the head, which seemed to have been occasioned by the mother being frightened by a monkey. The head of the child somewhat resembled in shape that of a monkey.



*Dr. Fennell* presented a specimen of a *malformed fetus*, with the following history. Mrs. G——, aged 28 years, mother of two children: she has had three miscarriages, all produced by the introduction of a common reed, taken from a hoop skirt. In the middle of last September, she supposing herself to be six weeks pregnant, introduced the reed for the purpose of inducing abortion. This she did at three different periods, twice during the sixth and once during the seventh week of her pregnancy. The last introduction was followed by a sanguineous discharge from the vagina, and continued at intervals, until January 30th, 1858, when she was delivered of a malformed fetus, which is presented to the Society for inspection. It should be mentioned, that at the time of her delivery the presenting part was the placenta; this could be distinctly felt on a vaginal examination, and part of it was delivered before the body of the fetus. There was no umbilical cord, the placenta being attached to a protruding mass occupying the position of the abdomen. The fetus was deficient of the lower extremity, the right foot being turned inward. The sex of the fetus could not be determined. The mother died four days after delivery, of metro-peritonitis.

*Dr. Dalton* regarded it as an interesting specimen in relation to the influence direct violence may have in producing deformities. Certain deformities and deficiencies of the cranium have very much the appearance of being the result of mechanical shocks or pressure from the exterior.

*Dr. Peaslee* remarked that it was very interesting in relation to the position of the fetus in utero, and would perhaps throw some light upon the question, in relation to the fact; up to six months it is said to have no determined position in the uterus.

*Dr. Dalton* asked if he regarded it as an established fact in relation to position of fetus?

*Dr. Peaslee* would simply refer to Prof. Simpson for his authority, who has written some very elaborate papers upon this subject, which to his mind were perfectly satisfactory.

*Dr. J. C. Dalton* presented a parasitic worm, taken from the vena cava of a dog. About a year ago he showed another specimen of the same kind as he had here. That was taken from a dog brought to him by Dr. Livingston; he was apparently in a very healthy state until within a couple of days of his death, on a Saturday, when he was shut in an upper room; and coming to look after him the next Monday morning, he was found dead upon the pavement, having jumped from the window. It was not known whether his death was caused



by the worms or the fall. He described the character of the worms at that time. Here was exhibited another specimen of the same kind, taken from the College of Physicians and Surgeons' Museum, labelled "the heart of a dog filled with worms," sent from China. Inasmuch as there was very little account connected with it, there were doubts entertained as to its authenticity. He compared these with those that he examined from the vena cava, and found them to be the same. The worms were situated in the cava in the immediate neighborhood of the right auricle; they are a species of spiroptera, and belong to the same family as the ascarides. In this case, a single specimen is between 7 and 8 inches long. The anatomy of these worms is quite complete; they are cylindrical and thread-like, tapering at two extremities; mouth is simple and unarmed; the intestines are simple and straight, passing directly through the body, terminating in the anus, at or very near the tail. The sexes are very distinct. In both, the genital organs consist of a tube which is wrapt around the intestine spirally, terminating in a penis in the male and a vulva in the female. They are called spiroptera, because in the male the tail is twisted spirally. The single specimen which he shows to-night is a female; the ovaries are perfectly filled with eggs, and might be counted by thousands. There were several points of interest, one of which was, that these worms so large in size could occupy the position indicated and still do no harm. In the first two cases referred to, one has no definite history, and in the other it was rather supposed that the worms had more to do with the death than the fall; but with regard to this specimen, something definite is known. It was taken from a perfectly healthy bitch, which he had in his possession a week or ten days, and her death was not connected in any way with the presence of the parasite.

*Dr. Clark* observed that he would remind the Society that a good many years ago he presented a drawing of some rather extraordinary productions in the veins of a frog—a philarious worm, without any internal organization that could be seen through the thin web of the foot. They existed in great numbers through a very large field of the microscope, with a magnifying power of 400 diameters, covering over an apparent space of more than 7 inches; their disproportion to the capillaries was enormous; they were wiggling along, nobody knew where. The frog was kept the whole of the winter, a period of four months, for the purpose of marking the progress of things, when, going to look for it one morning, he found that it had been swallowed all but its legs by another frog.

*Dr. Dalton* remarked that there had been several species of parasites discovered in the blood-vessels from time to time, some seven or eight different species, the most common of which are those seen in the capillaries of a frog. They are sometimes found in the blood-vessels of the human subject, dog, and various other animals. In all the instances the worms are microscopical. This worm, which was found in the vena cava, is one of the spiroptera, and has never been described. We can understand how microscopic animals can reside in the blood-vessels and cause no trouble, except only as they accumulate to stop up the vessels. The habitation of the spiroptera in the dog is in the mucous membrane of the stomach, or underneath it.

*Dr. A. Clark* showed a specimen of *Chronic Pneumonia*. It is not very usual that we have an opportunity of seeing a tolerably well-marked specimen of chronic pneumonia. He has one here that is sufficiently striking. These are the fragments of a lung removed the other day. It will be observed that they sink in water; it is the same with the whole of the upper portion of this, the left lung. In examining the fragments, they will be found to be very hard, yielding almost not at all to the pressure of the finger, giving not the slightest crepitus, as if air was discharged from them, having a gray look, not altogether unlike that which is observed in the gray stage of acute pneumonia. The reason why this is so fragmentary, is that the lung was so firmly adherent to the walls of the chest that the young gentleman could not remove it except by dissecting it piecemeal. The upper and lower lobes were very firmly bound together by very abundant adventitious areolar tissue. As a whole, he thinks it presents the appearance, both to the naked eye and under the microscope, of chronic pneumonia in a very striking manner.

His history is simply this: He had him under observation during his last term of service at the hospital, at the expiration of which he left him, and for the recorded history of his case he is indebted to the kindness of *Dr. J. R. Buist*, of Bellevue Hospital.

A man æt. 55, being healthy looking, came into the hospital on one of the last days of September, with acute pneumonia; he went through the disease, running some risk, as was thought, of his life; but the symptoms began to subside in the usual way. The inferior portion of the left lung was the seat of attack. After the symptoms of the pneumonia ceased, he did not recover as rapidly as we hoped he would. On physical examination, it was ascertained that the whole upper portion of the left lung was becoming dull to percussion, and the respiratory murmur becoming indistinct. These physical signs increased with

such rapidity that this portion of the lung was almost solid at the end of two weeks. It was his (Dr. C.'s) conviction, that this was a case of tuberculous infiltration following acute pneumonia. There was present bronchial respiration, bronchophony, copious expectoration, dullness on percussion, rales in the bronchial tubes, and for a little time night sweats. No hæmorrhage occurred that he is aware of with these symptoms. He remained in the hospital, being regarded as a case of tuberculosis; he was not frequently examined. When he was examined by the House Physician at the end of December or along first of January, the same signs were noticed as before, without any evidences of softening, which excited some interest, but still did not cause the diagnosis to be altered. He supposed it to be a case of tuberculous infiltration. He did not compare the two sides of the chest, else he would have found sinking instead of fullness upon the diseased side. His symptoms from that time began to improve up to a few days ago, when he was seized with acute pneumonia of the opposite side, and, as may readily be supposed, with the diseased side so much disabled, he did not live long. On post-mortem examination, the condition above described of things was found in the left lung, while the right was affected with acute pneumonia. There were no tubercles in the right lung.

*Microscopical Examination.*—Under the microscope, it was found that the change in the lung tissue was occasioned by the deposit of fibres of a new production in very great quantity all through the lung tissue; only here and there the position of a single air vessel can be seen; they seem all to have been compressed and obliterated by this great abundance of fibres in the tissue. It is to this circumstance that it owes its firmness to the feel and resistance of the knife. There is a great deal of fatty material present, as is common in cases of this sort, in long-continued low grades of inflammation. There are groups of perfectly well-formed cells, with a nucleus quite distinct, most disposed to be of an oval shape, evidently a new production, situated outside the air cells; a few are among the fibres. He supposes these to be tuberculous cells. He is aware that Bennet says that tubercles have no cells. This is the case only when they have advanced; but recent tubercles are cellular; the cells break down after a while and become granular. He supposes, then, that probably here are tubercles. He is not prepared to say that they caused the pneumonia, but that they occurred together is of interest, in connection with the fact that he had been deceived by the occurrence of a rare disease in place of one that

was not very uncommon—tuberculous disease—most likely to occur under these circumstances.

Regular Meeting, February 24th, 1858.

*Dr. J. C. Finnell* exhibited an instance of *hypertrophy of labia minora* from a dissecting-room subject. The masses extended three inches below the vulva, and apparently consist mainly of integuments and fibrous tissue in the interior.

*Dr. Finnell's* second specimen consisted of portions of two stomachs, taken from two persons *poisoned by arsenic*—a lover and his mistress, male *æt.* 24 and female 22. As near as could be ascertained, the arsenic was mixed in the morning, about twelve o'clock, by the female, she drinking a large quantity for herself, and an hour or two afterwards she administered some to her friend; both remained in the room till evening, when going to bed the female fell out upon the floor; he hearing the noise, called for assistance, and found that she was dead. The female lived six hours, and the male eight. The stomach shows the ordinary appearance produced by the irritant effects of that poison.

*Dr. Markoe* asked in connection with the first specimen, (*labia minora*,) if any portion was submitted to microscopic examination.

*Dr. Finnell.* None. At first sight it looked very much like syphilitic vegetations, but they were of too firm a character to be mistaken.

*Dr. Peaslee* observed that the specimen of hypertrophy of the *labia minora* reminded him of one which he saw two years since, upon a living subject. A lady about 39 or 40 years of age, married at that time for the first time, called on him presenting a case of hypertrophy of the left labium; it formed a mass about half as large as this one. The right was not enlarged at all, while the left was very much elongated and thickened, and was found to give so much inconvenience to her husband, and interfered with sexual intercourse when that was indulged in, that she wished it to be removed. She stated that it had been enlarged as far back as she could remember, but had increased very much during the year she was married.

*Dr. G. Buck* presented a case of *concealed inguinal hernia*. The patient was a young man of good constitution, 28 years of age, and had ordinarily enjoyed good health, with the exception of occasional attacks of colic, to which he had been subject for a number of years. These attacks were attended with quite severe pain, from which he obtained relief by taking, according to his account, "schnaps" and mild cathartic medicine. By these means he was uniformly relieved. These attacks were never attended with vomiting. In this case he was attacked on Wednesday afternoon, about four o'clock, without any

obvious cause; he had not been subjected to any strain or violence of any kind, although he had a good deal to worry his mind, for the Sunday previous his mother died; his store was robbed. About an hour or so after the attack vomiting came on. The attack commenced with a severe pain in the neighborhood of the left inguinal region; vomiting continued and kept increasing up to the time he first saw him, on Saturday evening. The physician who requested his attendance had only seen the case twice, it having been transferred to his hands from an homœopathic physician, and it was only at the second visit of my colleague that his attention was directed to his groin.

Examining the left groin, the testicle was found still to be located over the external ring; it had never descended into the scrotum. He complained of but little pain on handling the part; could tolerate pressure without pain. He suffered severe pain in the abdomen, which was moderately distended, and obliged him to lay with his shoulders resting against the head-board, and limbs drawn up. In the left groin the tumor formed by the testis was about the size of the butt end of an egg. It was movable and elastic to the feel, without any adhesions to the surrounding parts. The finger could be insinuated under the tumor so as to enter the ring three-fourths of an inch, but encountered nothing in the canal. On making very deep and firm pressure in the region of the internal ring, he could feel a distinct lump about the bulk of the last joint of his finger. When this was rubbed he admitted that it was tender. There was no external swelling or induration over this point. Inasmuch as he had been relieved by cathartics in previous attacks, and considering that a fair trial had not yet been made, we judged proper for him to take ℥j. of calomel, to be followed by injections, and hot fomentations to be kept over the abdomen. He had doses of oil, which, after remaining several hours, were vomited. The next morning he obtained no relief; the vomiting was attended with more pain. Hiccuping was a very annoying symptom. The pulse was 82; skin perfectly natural; no undue excitement. It was now decided to perform an operation, and making the incision through the integument, this tumor, from its resemblance to a hernial sac, at first perplexed us, but pressure with the finger discovered the testis in the interior. This sac, which proved to be the tunica vaginalis, was laid open and found filled with bloody fluid, and the atrophied testis and cord were brought into view, stretching the opening; the finger could be passed along into the canal. As high as the finger could reach we encountered a portion of gut protruding into the canal; and besides this, could be felt a distinct, firm body, the size of a cherry. Insinu-

ating the finger along the outside of this solid body, the internal ring was encountered, firmly embracing the incarcerated parts. This was divided according to the rules in such cases, and everything was at once restored. It was ascertained that everything was reduced into the cavity of the abdomen by introducing the finger within the internal ring and sweeping it around. The wound was dressed with adhesive straps, compress, and bandage. The whole operation from the commencement of the administration of ether, did not last over an hour. He came out from under its influence gradually, there being no other marked influence than moderate increased frequency of the pulse, as is ordinarily the case; but before he left he observed the pulse becoming weaker; the hands were moist, but not more so than usual after operations of this kind. He ordered brandy and water to be given the coming two hours, at the end of which time he called again, when he was found in a state of collapse; the pulse was very feeble and rather reduced in frequency to 76; with a clammy and cold skin, and exceedingly restless, suffering severe pain in the lumbar region. He ascertained that the bowels had been freely moved; the vomiting and hiccup had not recurred. This sudden and rapid collapse was a most alarming feature in his case, and suggested the idea that probably internal hæmorrhage might have taken place from a wound of the epigastric artery, but no corroborative sign could be detected; the abdomen had rather subsided than otherwise; percussion in the left iliac region, as well as in every part of the abdomen, showed resonance. Stimulants were administered as long as he could swallow, and he survived until 9 o'clock in the evening, when he sank.

*Autopsy.*—To his great relief, no blood was found in the abdomen. The small intestines were moderately distended, and everywhere much injected; all the minute vessels were very distinctly traced out. In the cavity of the pelvis there were three or four ounces of fluid, with a few flakes of lymph. No lymph coating the intestines. That portion of the intestine that was strangulated was readily recognized, and consisted of a single noose of small intestine, embracing its entire circumference and portion, being about five inches in length; it had a grayish color distinctly defined from the surface on either side. At no point had it given way or the texture been weakened. About two inches from that was found a pedunculated appendage hanging from the intestine by a stalk of the thickness of a blunt end of a probe,  $\frac{3}{4}$  of an inch in length. The appendage was of the size of a cherry, of a slate color, its surface being smooth and shining like peritoneal surface. Viewed from the inner surface of the intestine, a funnel-shaped

depression marked the point at which the stalk joined the gut, but a fine needle could not be made to pass into it.

The sac is seen with the atrophied testicle occupying it, and can be traced distinctly up to its termination at the inner ring, where the orifice forms a funnel-shaped entrance, and on the anterior edge is recognized the incision made in liberating the constricting part.

This case is remarkable and interesting in view of the concealed character of the hernia, the readiness with which it might have escaped attention, even in the examination of the parts themselves. The symptoms were those of obstruction, and the existence of the hernia was only determined by very careful examination of the deep parts; also of the rapid collapse that succeeded, and in this instance it was more rapid than any that have come under his notice.

*Dr. W. H. Draper* exhibited a specimen of *medullary cancer of the breast* removed to-day by *Dr. Parker*. It presents nothing very rare in its history, but only as regards its comparative frequency in this situation.

It was taken from a lady 47 years old, and mother of several children; there is no trace of hereditary predisposition in the family. Last June she received a severe blow in the right breast, and shortly afterwards a small lump presented itself; she applied to a physician, who ordered a stimulating poultice to be applied, which she did for two months; she also applied several stimulating plasters, and, as the tumor increased in size and gave her pain and uneasiness, she applied to the surgeons, who pronounced it scirrhus. It went on increasing, and she came to the city for the purpose of having it removed. The tumor as it now appears is nearly the size of a fetal head. It did not present the ordinary character of scirrhus of the breast; the skin was involved, there were no morbid adhesions, the nipple was not retracted. No adhesions to pectoral muscle. The larger part of the swelling was to the left of the nipple, while to the right it had the natural consistence. To the left of the nipple there was an erythematous blush about the size of a dollar, where the skin seemed thin and gave rise to a sense of fluctuation. The tumor was removed, and presents the aspect which you see. It has the ordinary characteristics of medullary cancer. It has a thin investing membrane, which seems to be in some degree independent of the breast; the line of demarkation is pretty distinct. On opening the tumor, a considerable quantity of serous fluid flowed out; the remainder was filled with this pulpy brain-like matter.

He presents this specimen in order to inquire from the members as to the comparative frequency of medullary cancer in this region. Ac-



cording to Paget, it is more rare in the breast than in any region of the body; he gives the experience of Mr. Lawrence, (which is very extensive,) who only saw two cases. Mr. Paget only saw four cases. The experience of writers on the Continent varies; according to Lebert, one-fifth of all the cancerous tumors of the breast are medullary. Mr. Paget states the same with regard to tumors in this country and Germany. The microscopic characters are those of medullary cancer, pellucid nuclei with bright nucleoli, and granular nuclei in great numbers imbedded in a soft nebulous blastema.

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### SELECTIONS.

#### *The Medical Uses of Wines.*

This is a subject thickly clouded with all sorts of prejudices and prepossessions, as is the discussion of most substances used equally by the sick and the healthy. Persons argue that what is good for themselves must be good for their patients. We have known a plethoric dietician, who himself loved lobster-salad and champagne in the small hours, advise a starveling dyspeptic to follow his custom of taking no breakfast till noon. So a hearty rough-stomached doctor will declare one diluted alcohol just as good as another; the ascetic, or the reformed rake, will pronounce all equally bad; the gouty will dread all that is thin and acid; the aguish will have a predilection for Port.

It is very possible that prime wines may be made of all kinds, which may be equally and perfectly wholesome; but their rarity will always put them out of the reach of our patients, and what we have practically to think of in naming a wine for use, is at best a second or third-rate article. We must also choose those which are capable of being grown in quantity proportioned to their popularity, or the chances of adulteration are exaggerated. When Madeira was on everybody's table, it could not be recommended to patients, for in nine cases out of ten it was either an inferior sort or a sour imitation. But now that it has gone out of fashion, a wholesome and often a very perfect wine is to be bought of that kind, and the adulterators expend their ingenuity upon Sherry. What we want is a liquor which is either produced in very large quantities, or is not sufficiently known to the million for it to be worth imitating.

The medical questions concerning the employment of wine will be put in the clearest light for exhibiting our real knowledge and ignorance, by considering separately the physiological effects on the human frame.

The effects may be practically included under the following heads:



Exhilaration, Nutrition, Arrest of Destructive Metamorphosis, Inebriation, Degeneration of Tissue, Derangement of Digestion. The three first are good—the three last bad; and the object is to secure the former, while avoiding the latter.

*Exhilaration* is not merely a minor degree of drunkenness. It may be produced by many things besides alcohol, and which do not inebriate—such as, for example, the essential oils, peppermint, onions, valerian, assafoetida, tea, coffee. Even eating, and the increased circulation of blood, produce the effect to some extent. Alcoholic fluids truly do exhilarate with the greatest certainty and rapidity, but not in direct proportion to the alcohol they contain. A glass of wine will raise the spirits of a healthy person as much as a glass of gin; a glass of fine claret as much as one of strong tavern port; and this is not merely from the pleasure of taste or association, for the same may be observed in fever patients, whose gustatory nerves are blunted by a thick coating of sordes.

The distinction is not only a subjective one, evident to the mind of the recipient, while it is incapable of demonstration to others. There is a real physiological difference in the effects which follow exhilarating and intoxicating doses—a difference which, in its ultimate results, amounts to a complete contrast. The former *increase* the amount of vital powers rendered available in a given period, and the latter *decrease* them. Can there be a more perfect antithesis?

This is too important a matter to rest solely on the unassisted senses of patient or observer, and it does not do so, for the admirable experiments of Dr. Böcker have submitted it to the proof of chemical analysis. Though the whole series of his investigations into the action of alcoholic stimulants bear directly on the present subject, they are too mutually dependent on one another, and too lengthy for quotation. The general results, however, may be stated as follows:

1. The special action of alcoholic drinks is to arrest destructive assimilation—to stop the over-active processes of life in their effects upon the organism; so that, for a certain period during the stay of the alcohol in the system, less urea, less phosphates, less water are excreted by the kidneys, less carbonic acid by the lungs, and less digestion goes on in the alimentary canal, showing that the muscles, bones, nerves, &c., are not getting rid of their effete tissue, but retaining it, and making use of it as far as possible.

2. But at the same time they give rise in the body to a defensive *reaction*, which is prominent, first, immediately after taking the dose, then gives place to the special action, and on this ceasing is again manifested to a greater extent.

3. So that if a suitable quantity be taken, and if both action and reaction are allowed to exhaust themselves before the dose be repeated, more manifestation of life, represented by more excretion and more consequent renewal of the body, takes place in a given time with the alcoholic drink than without. There has been a positive gain in vitality.

4. But if such a large quantity is taken at once that the reaction

is overpowered, or if it is arrested by a continuous repetition of the dose, the manifestation of life is kept down; the body is not renewed, because its effete particles are not removed, and the amount of vitality must certainly be reckoned at a loss.\*

The first-named state is *Exhilaration*, in which the alcohol may be fairly called a food or medicine, a medicinal food or dietetic medicine, for body and mind. The second state is *Intoxication*, when it is a poison to both.

Now, the exhilarating effects of diluted alcohol are very much increased by its admixture with sugar, extractive, vegetable essential oils, ethers, and the allied substances which have been described as producing the aroma and bouquet of wines. With a quantity of alcohol which taken alone would be inefficient, a delicate wine is able to produce a decided impression upon the nervous system. When, then, this is mainly sought, as in cases of mental depression, hypochondriasis without bodily ailment, nervous exhaustion, over-anxiety, hysterical fainting, vomiting, and the like, or when wine is wanted merely to smoothe down the roughnesses of daily toil, we must remember that the good result may be obtained without the evil; and we can obtain it with least chance of the evil by selecting liquors richest in their peculiar scented constituents. Bordeaux, Champagne, Rhine, and Moselle wines offer a variety of choice, the first being the most perfect and suitable to the greatest number of these cases; whilst the others have certain inconveniences, hereafter to be mentioned, which often forbid their use in the special case to be prescribed for.

The beneficial effects on the nervous system are increased by effervescence; thus, sparkling Champagne will sometimes have a most magical effect in stopping vomiting in cases accompanied with much nervous depression. And even in health, the greater exhilaration caused by genuine effervescing wines is notorious. The physiological explanation of this result is not very clear. It cannot be due to the carbonic acid alone, for the inhalation of this gas tends to completely opposite consequences. Perhaps the sudden physical change in the liquid during the extrication of the fixed air develops ethers which in a nascent state are more potent than at other times. Perhaps other gases are generated, whose properties are in themselves exhilarating. In the Champagne sent into Wurtemberg from Rheims, Baron Liebig found that for every volume of carbonic acid there were two volumes of protoxide of nitrogen† (laughing gas); and it was assumed, without absolute proof, to have been artificially introduced for the purpose of augmenting the joyous results of the bottle. The subject demands chemical investigation on purely scientific grounds; and it would, moreover, be useful to know if we could thus at will increase the required exhilaration, while decreasing the quantity of alcohol or carbonic acid.

\* *Beiträge zur Heilkunde*, von F. W. Böcker, vol. i., sect. 6. *Weingeist*. We have introduced the name of this author again in our heading list, because he, and indeed all physiologists of the Schultz-Schultzenstein school, are much less known in England than they deserve. A collection of translations and abstracts would make an admirable volume for the new Sydenham Society.

† *Medical Times*, Nov. 1850.

The gladdening effects of alcohol are augmented by its mixture with other constituents of wine, but its intoxicating or poisoning effects are diminished, and thus more may be taken, with its advantages and without its evils. So that, for example, if a man drinks a pint of Mr. Brande's Marsala, he gets a somewhat larger dose of spirit than there is in half a pint of gin,\* but, it is unnecessary to say, without the same bad consequences. This is partly to be attributed to the presence of the ethers† and sugar, but also in a great degree to the intimate combination of the alcohol with extractive and albuminous matter, so that it is not absorbed immediately by the membranes, but gradually and during a process of digestion. It is obvious that its local effect on the mucous surfaces and viscera must be thus much modified, and a powerful argument is afforded in favor of the use of wine instead of brandy for invalids.

*Nutrition* is an indirect effect of wine. There is shown by chemical investigation to be very little substance in it capable of building up the body. The phosphates and albumen are more readily found elsewhere, as Franklin has imprinted on our memories by his comparison of a penny roll and a gallon of beer. But alcohol seems to render the alimentary canal more ready to absorb nutriment. Farmers find this, and always try to put some waste beer or fermenting grains in their pig troughs. Physicians find it, too, and give their patients cod-liver oil in a glass of sherry when they would have it fatten quickly. The effect, however, is probably confined to oleaginous food and the adipose tissue, for the digestion of albuminous matter by the gastric juice is certainly impeded by alcohol.

Hence we gain the following rules concerning the administration of wine as an aid to nutrition:—1st. That the alcoholic contents are those of principal importance, and that the amount of solid or nutritive matter in the wine makes little difference. 2ndly. That we may hope help from it in increasing adipose tissue, but not muscle. 3rdly. That, as its agreement with fatty food is the prime object, we must avoid those wines which are likely to make such food unassimilable, as, for example, by making it rancid; and therefore, 4thly. That sound wines with a small proportion of acid to their alcohol, and but little body to cause re-fermentation, should be selected; the types of perfection may be considered the dry Spanish wines, Amontillado and Manzanilla. And, 5thly. They should be taken along with the fatty food itself, or immediately after it.

The *arrest of destructive metamorphosis*, or what has been picturesquely called "the moulting of the tissues," is unquestionably the most important of the medical uses of alcoholic liquids. By them we are

\* Marsala contains 26.03 per cent. of absolute alcohol (Brande); Geneva, 49.4 per cent. (Jones).

† The disinebriating influence of ether is shown by its being actually a remedy for drunkenness. Twenty or thirty drops taken neat on a little oil will restore to temporary sobriety. The knowledge of this fact has been popularized in France, by its forming a point in a wicked railway novel (*Le Trou de l'Enfer*), the author of which perhaps owed it to M. Batilliat (*Traité sur les Vins de la France*, p. 190).

enabled to stay the progress of interstitial death in low fevers, till the period of the zymotic poison's virulence is passed, and it has either been evacuated or become inert. By them we can check the exhaustion of the body through excessive secretion, as in cases of chronic catarrh, ulcers, abscesses, amputations, &c. By them we can diminish, in ordinary dietetics, the wearing out of the body by the over-worked mind, which in this busy metropolis throws so many into the hands of the physician. But in the wielding of this two-edged sword the greatest judgment is requisite, lest we carry the effect too far. The destruction of effete tissues is part of life, and necessarily precedes constructive renewal; if, then, we check it too far, interstitial life is diminished, and the system is overloaded with matter incapable of vitality.

It is better, therefore, to give alcohol in a diluted form, even when we wish to produce its most decided action, as in typhus fever, for example. And it is better to give it combined, as it is in wine, with other substances of partially corresponding action, than to administer it merely diffused in water, as is sometimes done for economy's sake. Sugar, we know from Dr. Böcker's experiments, has a special effect in limiting the destruction of tissues containing phosphates, tissues of no less importance than the bones and nerves. And it is likely that similar investigations into the physiology of ethers may show some special effects belonging to them. The acids, too, and the extractive in wines, seem to prevent better than water those injurious effects upon the mucous membranes which spirituous liquors exhibit. There is, then, no extravagance in preferring wine to brandy and water in the management of low fevers in hospital and parish practice.

This is not the place to discuss details in the mode and period of administering wine in acute complaints. But one reminder may be deduced from the view taken of its physiological action—viz., to allow intervals to elapse, during which its effects may subside, and the system recover for a time its metamorphoses, so that the effete tissue may have a due exit. The night is a convenient time for this in general; but if, from any cause, that is considered inexpedient, some hours of corresponding duration should be selected, during which the administration of stimulants may be discontinued.

The wine chosen for fever cases is usually Port; but the rarity of really good Portugal wine, and the excessive badness of all low-priced imitations now in the market, render it daily more and more incumbent upon us to have substitutes at hand. The best in the London market seem to be the red Spanish wines, Beni Carlo, and Cadiz; especially the former, which, indeed, is often mixed with spoiled Portuguese wine, and sold as port. It may be had in the wood at a low price, considering its strength, and is highly to be commended for hospital use in a diluted state.

Poor people, however, are not the only patients supplied with Port wine unfitted for the sick room. The prepossession in favor of antiquity causes many cellars in wealthy houses to furnish nothing but a damaged article. To find fault with a bottle that cost a great sum a

great many years ago, is flat heresy; and the better way is to give it up at once, and order your patient a good full-bodied wine of a different nature, such as Madeira, Burgundy, or Hermitage.

*Inebriation* is a terrible word to meet with in periodical literature. It opens up a prospect of so many social and political questions, that the reader is apt to close the page in despair. He shall be let off here with a simple remark derived from wayside observation—viz, that in all countries where wine is plentiful and cheap, drunkenness is almost unknown; where it is most expensive, that vice is at its maximum.

*Degeneration of tissue*, as a consequence of drinking, appears to be a chronic state of that arrest of metamorphosis which has been already discussed as a remedy for disease. The effete tissue remains as a useless burden mixed up with the healthy, and is finally converted into the least vitalized of all the organic constituents of the body, oil or fat. Careful and valuable observations have been made by Dr. Böcker, on the abnormally retained blood-discs in the circulating fluids of habitual spirit-drinkers, and the appearance of the degenerated hearts, livers, and kidneys of these miserable suicides is familiar to us all.

Degeneration arises from the arrest of metamorphosis being too long and continuously kept up. Hence there is little danger of it in acute cases, where the large quantity of alcoholic remedies we find it expedient to administer is necessarily diminished as the disease recedes, and during convalescence is reduced to the ordinary allowance of health. But in chronic cases it is often a matter for serious consideration whether we shall employ an agent capable of doing along with the good we intend, an evil greater than that originally to be combated. If the dose of a stimulant be repeated before the arrest of metamorphosis has ceased and the reaction of the system has begun, a second arrest indeed takes place as before; but the postponed reaction is augmented in force each time it is delayed, and when it occurs at last, it is so painfully depressing that it becomes more and more difficult to resist the instinct to put it off, and in the end it is really dangerous to do so suddenly. This is the short history of confirmed tipping; and often we fear it may be traced in its origin to the carelessly worded advice of some medical man. Science or practice has taught him that alcoholic action will alleviate certain morbid phenomena, and he recommends it without due warning. The patient knows no harm in alcohol except drunkenness, and so long as he avoids that vice, thinks he cannot keep up too steadily the agreeable relief he experiences.

Alas! much safer for him would be the occasional debauch of a man he despises as a profligate, than his own continuous steady course towards death. A drunken bout brings its own cure, and is usually allowed to be followed by reaction afterwards; but the most alarming symptom in a tippler is that he *cannot* get drunk. Day by day there is a little less and a little less life in his system, till at last his degenerated body is fit for burial.

Now, the results above described are, practically speaking, unknown

as the consequence of wine; it is spirit drinking that leads to them. There are several reasons for this, independent of the chemical differences of the liquors. Wine is rarely used except at the principal meal, or as a sort of medicine in measured quantity at other hours, so that the effects have time to pass away before another dose becomes due, and no craving for increased quantity is experienced. In fact, men go on taking daily for quarters of their life the same identical number of glasses, feeling daily the same comfort, and never finding it necessary to increase the quantity. But the spirit bottle is opened when its owner "feels to want it,"—nay, it is very often carried about the person under the appropriate name, as regards its deadly results, of a "pocket pistol."

We have been in the habit, in insurance practice, of omitting the usual inquiries about "sobriety" and "temperance," &c., which give offence and elicit no information, and substituting for them the simple question—"Do you ever take spirits *between meals*?" This is something definite, not to be shirked, and if answered in the affirmative should lead to rejection.

The subject of spirit drinking takes up more space in this article than our promise of avoiding temperance common-places perhaps led the reader to expect. But we have two excuses: one is, that it occupies quite distinct ground from the question of drunkenness, has much more to do with the production of disease, and is therefore much more the province of a medical reviewer. The other excuse is (we blush to write it), that no class of persons who have received a liberal education are so often addicted to it as medical men. Londoners were shocked two or three years ago at the suicide of a highly moral and intellectual surgeon, who left a paper attributing his despair to the habit of secret tippling; but they would have been less astonished had they known how many practitioners all over the country suffer from the peculiar dyspepsia of alcoholism. The long robe and her Majesty's uniforms are occasionally disgraced by inebriation, clergymen may sit too long at the bottle, but spirit tippling seems left to medical men and the classes below them. They have many temptations: hard mental and corporeal toil, sudden calls for exertion when tired, broken rest, irregular exposure to cold and wet, weary waiting in lone farm-houses for lingering labors, the dull company of ill-educated persons, the wish to be sociable and not seem proud, are a few of them. Into these temptations they do fall, and that on a large scale, especially in rural districts.

To require of an unfortunate patient and brother practitioner that he should give up at a blow that alcohol which instinct and science agree in teaching him to be necessary, is too great a demand. If he became a teetotaler, he would probably die all the sooner. Hard common-places about the virtue of temperance and the evil of its opposite, produce no more effect than schoolboy's themes. What he wants is—first, kind sympathy with his *misfortune*, and second, a rational means of getting rid of it. Now, nothing contributes more towards the latter than a clear sketch of the chemistry and physiology

of the subject, and a belief that the advantages of alcohol may be had without its disadvantages. He should reflect how wine differs from the spirits which are in it; and again, how it is not so much the quantity, but the frequency of the dose, which is hurrying him to the grave and his children to poverty. The most complete relief is the substitution of wine for spirits. The very economy which was perhaps the first origin of the habit, will prevent excess in the dearer liquid. If that cannot be accomplished, let at all events drams between meals be avoided as poison; and let the addition of sugar, and flavors in the shape of lemon, fruit, or a few drops of nitric ether, make the drink approach a step nearer to the juice of the grape, and be daily more and more diluted.

Among the *Derangements of Digestion* arising from wine, it will not be necessary to dwell long upon the immediate consequences of a debauch. It is usual, in army medical returns, to report it as "febris," as indeed there is, truly enough, an ephemeral fever, but, like other fevers, it works its own cure, and civilians are not in the habit of applying to it the same euphemistic nomenclature. But, without being taken in such quantity as to be considered an excess as regards alcohol, wines will sometimes cause a disturbance of digestion, which prevents our sanctioning their use in cases where otherwise we might be willing or anxious to do so. This is always accompanied by the presence of a large quantity of acid in the alimentary canal.

In some instances this excessive production of acid follows equally all sorts of wines, and even spirits. Then it is due to the mucous membrane of the stomach being so morbidly sensitive that it becomes irritable and temporarily inflamed, so that it refuses to secrete its solvent juice, and to perform with sufficient activity the peristaltic movements. Hence the alimentary mass undergoes the acetous and lactic fermentations, instead of being digested. These patients ought to abstain from all alcoholic drinks whatsoever till cured of their morbid condition.

More commonly it follows only wines, and some sorts of wines more than others. These cases deserve much thought, because they are in danger of falling into the snares of spirit drinking, and also because very often the patient's system specially requires a stimulus which yet he cannot take without inconvenience. When we reflect on the large quantity of free acid existing in wine, we cannot be surprised at its causing some trouble in the stomach. If a man drinks half a bottle of hock, he swallows one hundred grains of acid, equal to five table-spoonfuls of lemon-juice; in a pint of claret, eighty grains; in sparkling champagne or Madeira, the same amount; in port, if he takes even this comparatively large allowance, he does not get above sixty grains; but then in the three last there is nearly an ounce of sugar, which, mixed up with the food, has a strong tendency to ferment, and turn into a fresh portion of acid at a more advanced period of digestion.

Here chemistry steps in with valuable aid. In the simple instrument of a standard solution of caustic soda, we possess a means of



testing rapidly the whole acid contents of wines, and rejecting any which are thus declared unfit for our patient.

But it makes some difference what sort of acid is contained in the wine. Acetic is to many stomachs much less injurious than tartaric, and it is found that the proportion of these to one another varies very much in the products of fermentation. Thus, in Madeira nearly one-third of the acid contained is acetic; in port, only one-fourth; in claret, one-fifth; in champagne, one seventh; and in hock, not one-eighth, whilst the rest is the least digestible, tartaric, or its ally, racemic.\* Besides these, the tannic must be allowed for, small indeed in quantity, but powerful in operation, as its use in medicine shows.

Of course, both the quantity of acid and the proportion of the several acids vary, within certain limits, in different specimens even from the same vineyard, and still more in growths classed under a common name in the market. So that to give an opinion as to the fitness of a particular wine for drinking, we must carry our investigation rather farther than merely the application of the soda test.

The acetic acid may be estimated by distilling it off from the wine slowly, at a moderate temperature, so as not to decompose the extractive, and measuring it by the standard alkaline solution.

Sugar in wine which is to be taken by itself as a medicine, is often beneficial by making the acid and alcohol less immediately irritating to the mucous membrane; but in that which is to be mixed with food it is very apt to increase the generation of acid in the stomach or cæcum to an injurious extent, generally two or three hours after meals. If an examiner of wine is disposed to reckon the absolute quantity of sugar, he will have to go to the expense of Soleil's saccharometer (which costs, with its accessories, not much under £20), and even then may have his analysis doubted by a chemist;† but a fair comparative valuation may be made by first neutralizing the acids with lime, and estimating the sweetness which remains by the taste. This is done by measuring the quantity of water which requires to be added before all trace of it cease to be perceptible to the palate.

The injurious effect of ill prepared effervescing wines is easily explained by the large quantity of undecomposed ferment they contain. This is set in action by the warmth of the alimentary canal, and can hardly be overcome even by the strongest digestive powers. Flatulency and acidity are its normal consequences.

\* See Mulder, p. 202. In 100 grammes of wine there were—

	Milligrammes of acetic acid	Milligrammes of tartaric, racemic, &c.
Madeira.....	167	310
Rhine wine.....	66	480
Port.....	95	283
Bordeaux ordinaire.....	86	390
Champagne.....	64	408

† The fallacy in Soleil's polarizing saccharometer as a quantitative test is, that uncrystallizable sugar rotates the ray to the left, whilst glucose and cane-sugar rotate it to the right. So that a sample of sherry, for example, with its usual allowance of the uncrystallizable, might be so adulterated with white lump, molasses, caramel, or malt, as exactly to balance and appear to contain no sugar at all.



The proverbial unwholesomeness of "mixing wines" is not explained by chemistry. In most cases the evil may be traced to the temptation to increased quantity, or to the taking of some sorts which, even if adhered to throughout the meal, would be equally hurtful. In fact, the precept of keeping to one wine seems to rest on the same principle as keeping to one meat.—*Brit. and For. Medico-Chirurg. Review.*

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*Poisoning by Hyoscyamus Niger, producing a Scarlatinal Eruption.*

By ROBERT CRAIK, M.D., House Surgeon to the Montreal General Hospital, and Demonstrator of Anatomy in the University of McGill College.

I offer no apology for presenting the following case to the readers of the *Chronicle*, as any fact which can tend to throw additional light on the action of the *Solanaceæ* must be considered as worthy of being placed upon record. It is now largely admitted that one of the *solanaceæ*—belladonna—has the power of warding off that fatal scourge of families, scarlatina, and this prophylactic power would seem to be in some way connected with the production of a rash upon the skin, which that drug is known sometimes to produce. Stramonium is also known to have occasionally produced a similar eruption, but I have failed to discover any notice of such an eruption from the action of hyoscyamus. A case is mentioned in the 22d number of the *American Journal* (new series), in which three drachms of the tincture of hyoscyamus were said to have produced an eruption resembling *urticaria*, accompanied by great swelling of the upper part of the body; but as the tincture was prescribed for a pain in the abdomen, we may, I think, fairly attribute the *urticaria* to gastric irritation arising from some article of food, many of which are notorious for its production.

In July, 1857, I was called in great haste to see a child, two and a half years of age, who had swallowed some herb which had been taken from the yard of the Montreal General Hospital. The father of the little girl described her as being "out of her senses," and very much excited. Having observed a number of plants of hyoscyamus growing in the hospital yard, I suspected the nature of the poison at once. I sent the father home with a ten-grain dose of sulphate of zinc, with directions to administer it immediately on his arrival. I followed in about ten minutes, and found that the child had vomited slightly; the vomited matters consisted entirely of hyoscyamus seeds and capsules. The plant from which they had been taken was shown me, and proved to be a large one not quite ripe, and having the whole of the capsules stripped from the upper part and probably swallowed by the child, so that nearly an ounce of capsules and seeds must have been taken.

The symptoms were so peculiar and so well marked that poisoning by some one of the *solanaceæ* might have been diagnosed without any other evidence. There were the flushed and excited countenance,

the restless and violent tossing, amounting almost to convulsions, the momentary listening to imaginary sounds, and the eager clutching at visionary phantasms; while the brilliant eye, widely dilated pupil, hurried pulse, and labored respiration filled up the pitiful but interesting picture.

One other symptom I must not omit, for it was among the most marked of all, and certainly not the least interesting. It was a bright scarlet redness of the whole surface, exactly resembling that of scarlatina. It was not a mere flushing of the surface, produced by the unusual exertion, but a well-defined papillary eruption, disappearing on firm pressure, but returning immediately when the pressure was removed. The mucous membrane partook to some extent of the same appearance as in scarlatina, though the strawberry tongue was of course not so well marked.

Another dose of sulphate of zinc having been administered without satisfactorily emptying the stomach, a teaspoonful of mustard was given, followed by copious draughts of warm water, which soon had the desired effect, very large quantities of the poisonous substances being evacuated. After recommending strong green tea as a drink, and applying cold to the head, I left her, promising to call again in two hours.

On my return I found the delirium and other symptoms still active though not so violent as before, with occasional intervals of drowsiness. The eruption and the ocular delusions were as vivid as before.

I continued to visit her at intervals of a few hours during the night and following day, for the purpose of watching the decadence of the eruption, and I found that it, together with the ocular spectra, continued for about twelve hours from the time of taking the poison. Both then ceased gradually, and the child sank into a troubled sleep, interrupted by startings, twitchings of the muscles, &c., which did not entirely cease for upwards of twenty-four hours. The dilatation of the pupil continued for several days.

I watched the child carefully for some time, for the purpose of noting whether any attempt at desquamation would take place. On the fourth day numerous vesicles appeared on various parts of the body, resembling those of varicella. After remaining out for about two days they dried up, leaving scales which peeled off along with portions of the surrounding cuticle. The thick epidermis of the hands and feet, however, showed no sign of desquamation. There was hoarseness and considerable irritation of the fauces for some days, probably partly due to the local action of the mustard, which we had some difficulty in compelling the child to swallow. In ten days the child was as well as ever.

In thinking over the foregoing case, the following reflections have suggested themselves—1st, there is undoubtedly a considerable analogy between the actions upon the system of these solanaceæ and of the poison of scarlatina, and although the resemblance fails in many particulars, yet it is almost as well marked as that between the operation of vaccine virus and of small pox; 2d, as there is no doubt of the pro-

phylactic power of vaccinia, so we may fairly hope that the use of these solanaceæ may exert at least some influence in warding off or in modifying that terrible scourge—scarlatina; 3d, the case now narrated goes far to prove that hyoscyamus would prove quite as effectual as a preventative of scarlatina as belladonna, and, on account of its mildness as compared with the latter, its use would not be attended with the same risk. It may be a question, however, whether the dose of hyoscyamus would not require to be so much larger than that of belladonna as to render its use quite as hazardous. This objection would seem to be strengthened by the great similarity which exists in the composition of the active principles of the three most prominent members of the family of solanaceæ, a similarity so strong as to give rise to the opinion entertained until lately that they are identical. The question, however, can only be settled by actual experiment and observation.

In concluding this hasty and imperfect sketch, I would remark that no effort should be spared on the part of any member of our profession in contributing, however feebly, to the discovery of a prevention of scarlatina, nor should any motive of timidity deter from making public any fact which might further the end in view. By the discovery of Jenner one dreaded disease has been stripped of most of its terrors; let us, therefore, strive and hope that another enemy to our race equally fatal may be in like manner subdued.—*Montreal Chronicle*.

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#### *Death from Oil of Turpentine.*

We extract the following case of suicide effected by means of oil of turpentine, from the Australian Medical Journal. The account is given by Dr. John Maund. Christison and Taylor were not acquainted with any case of poisoning, on record, by this agent. Flannin and Orfila are silent on the subject.

A female of 30 years of age, and healthy appearance, had for some months been living with a man as housekeeper and mistress, but from his signifying his intention of leaving her, she became low-spirited, and for a few weeks before her death indulged freely in the use of stimulating drinks.

On the day of her death a neighbor with whom she was intimate called to see her; she then appeared well, though a little excited, but by no means intoxicated. While conversing with the deceased, she noticed a soda water bottle, which she took up, as she thought it contained gin; at that time the bottle was nearly full, and contained turpentine. At the request of deceased she went to fetch her some meat from the butcher's; on returning shortly afterwards, not finding her in the kitchen or answering when called to, she put down the meat and left the house. Four hours after this witness had left her she was found dead, the meat and other things about the

room being in the same order as the witness saw them when she returned with the meat.

The position of the body, which had not been moved when I saw it, about forty hours after death, at once suggested to my mind that death had occurred from strychnine, the results arising from which I am quite familiar with, having made four post-mortem examinations within the last three years, when death had taken place from this poison. The deceased evidently immediately before death was sitting on the side of the bed, and, when found, seemed to have simply fallen backwards across the bed. The legs were rigid and stretched out before the body, and the soles of the feet were concave; the arms were bent across the chest, and great force was required to straighten or remove them from this position, the biceps muscle being forcibly contracted and very hard. The body assumed the state of opisthotonos, and all portions of it were rigid, the thighs least so. The eyes were open and prominent, and pupils slightly dilated; the jaws were fixed and could not be opened; the skin generally was pale, but of a livid hue in places, particularly about the head. The general appearance of the body was such as to give the idea that death had occurred suddenly from tonic spasm; there was no derangement of the dress or bed clothes to indicate convulsive action, and no external marks of violence. An empty pail was found on the floor close to the deceased, which probably she had placed there in case sickness should occur.

The internal organs of the body presented the usual appearance of a person dying from asphyxia. The membranes of the brain and upper portion of the spinal cord were found greatly distended with very dark-colored blood of a sily consistence, but it had no unusual smell. The brain was not softer than natural, but was, to a less extent than its membranes, congested with blood of the same character. The mucous membrane of the trachea was rendered quite arborescent by the ramification of a network of distended vessels, but in the interstices the membrane was of the usual color. The lungs were gorged with blood of the same dark appearance as was found in the membranes of the brain. The cavities on the right side of the heart were distended with blood, the left also contained a small quantity of blood; in both sides it was of equally dark color. The liver and kidneys were congested, but to a less extent than the organs before mentioned. The bladder was empty and firmly contracted, but appeared healthy. The stomach and bowels were examined last. Immediately on the stomach being opened, a most powerful smell of turpentine became evident, which had not before been recognized; this organ contained a small quantity of thick fluid, which had the appearance of an emulsion made with turpentine and mucilage. The duodenum and upper portion of the jejunum were considerably congested, and the smell of turpentine was evident in all portions of the intestinal canal.

A further examination of the stomach and its contents showed that its mucous membrane was congested, and several very large vessels injected with very dark blood were found passing from the cardiac to near the pyloric extremity, and in several places close to these vessels.

small ecchymosed patches existed. The contents of the stomach amounted to three ounces; it was of a semi-fluid character, and globules of what appeared to be oil of turpentine were seen to be intermixed with the more tenacious contents. Distilled water was then added to it and thoroughly mixed together; three hours afterwards there was found swimming on the surface a limpid fluid, which was removed by a pipett, and was found to consist of oil of turpentine, of which there were six drachms. The remaining contents of the stomach were then examined for strychnine, but none was discovered in this, the parietes of the stomach, or mixed with the turpentine which had been removed. Under the microscope the solid contents were seen to consist chiefly of wheat and potatoe-starch corpuscles.

The house was carefully searched, as soon as the deceased was discovered, to ascertain if poison of any kind could be found, or if any vessel was soiled by any unusual fluid; neither, however, could be discovered. The bottle containing turpentine was found on the shelf, where the witness said she saw it before leaving to fetch the meat for deceased; the quantity removed from the bottle was about six ounces; whether the whole of this was swallowed it is impossible to ascertain, but it seems highly probable that the portion taken was drunk directly from the bottle. No smell of turpentine in the house, or suspicion of its having been taken, existed till the stomach was opened.

The deceased, it seems, had several times hinted that she would destroy herself, but this threat did not appear to have excited any serious apprehension that she intended carrying it into effect.

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#### *Report of a Case of Albuminuria.*

The "*Dublin Hospital Gazette*" contains the following report of a case of Albuminuria, which was permanently cured by Iron. It is reported by Dr. Cathcart Lees.

"Patrick Smith, aged 40, a coachman of temperate habits, was admitted under my care, into the Meath Hospital (February, 1849), for general dropsy. He had been attacked, the night previously, with convulsions, stated, by a medical man who had seen him, to be of an epileptiform character; but on admission he was gradually recovering from a state of stupor, and could answer questions. His face was remarkably pale and ghastly; his body, and both upper and lower extremities, very anasarcaous; skin dry, tongue red; pulse 76, regular; great difficulty of breathing, with muco-purulent expectoration, and rales over the entire of both lungs. He complained of pain across the loins, and also of frequent sense of vertigo. The urine was passed in natural quantity, feebly acid, of a dark-brown appearance; specific gravity, 1.010; highly albuminous with heat and nitric acid; very deficient in urea. The sediment, under the microscope, consisted of blood discs, renal epithelium, and casts of the tubes, both entire and broken up. He had been taking mercury for the dropsy, and was

under its influence when admitted. I learnt that he had enjoyed good health until three years ago, when he was treated for disease of the liver, and cured. He remained well up to eight weeks since, when, after exposure to wet, he was attacked with diarrhœa; and, on its subsiding, his feet and legs began to swell. In a few days his body and face became dropsical, with very scanty and high-colored urine. The heart was acting strongly, but there was no sign of valvular disease. I considered this a case of sub-acute congestive desquamation of the uriniferous tubes, with the secondary head affection, so often met with in the disease; I therefore ordered him to be dry-cupped over the loins, and as the bowels were confined, to take half a drachm of compound powder of jalap and an eighth of a grain of elaterium. This caused gentle watery evacuations from the bowels. I allowed him sago, with a small quantity of wine; and then, even though he had general bronchitis, I gave him ten grains of the ammonio-tartrate of iron three times a day. This was followed by the happiest results: his breathing improved; he had no return of convulsions, nor vertigo. I then gave him a vapor bath twice a week, clothed him in flannel, and kept him on the constant use of the iron for three months, with an occasional purge of the compound jalap powder. The anasarca disappeared entirely; the urine became perfectly clear; the specific gravity rose to 1.015; and though a trace of albumen could still be detected, and an occasional sediment of epithelium, with one or two casts of the tubes, yet the man considered himself cured, left the hospital, and was seen by one of our students working as a railway laborer, and apparently enjoying good health.

"He was re-admitted on April 19th, 1858 (*i.e.*, nine years after), in a state of great anæmia from loss of blood by the rectum, caused by vascular tumors in that part; but he had not any dropsy, and stated that he had continued free from it, and able to perform his daily work, till a short time previous to his admission, when the great bleeding from the rectum forced him to desist. I was naturally anxious to have his urine carefully analyzed, though it appeared perfectly normal and was free from any deposit, no epithelium, or even a tube-cast being visible under the microscope, but its specific gravity was lower than normal, being only 1.012. This was kindly performed by Prof. Sullivan, who found, to my great satisfaction, that it was quite free from albumen, and otherwise perfectly normal, except being somewhat deficient in urea, which accounted for the low specific gravity.

"I considered this case worth recording at the time, as showing the good effects of the treatment by iron in so early a stage of the disease, even though the condition of the urine and the pain in the back indicated congestion of the kidneys; and when, also, the case presented the symptoms and physical signs of acute congestive bronchitis, with profuse mucopurulent expectoration; but I now regard it of especial value, as proving the *permanent* good effect of this medicine in a class of diseases which are considered by many persons as almost incurable. An important feature in the early history of the case was the fact of convulsions coming on while the patient was under the influence of

mercury, which tends to confirm me in the opinion I have long entertained from what I have observed in similar cases, and which I find corroborated by Drs. Bright and Barlow, of Guy's Hospital, in their last report on the subject, in which they state that 'mercury is not only an inefficient, but in all probability a dangerous remedy in those cases in which the renal disease was the primary and principal affection.' But though I protest against the general use of mercury in this disease, yet we may use it occasionally as a purgative in combination with other medicines, or even as a diuretic if the dropsical effusion be excessive, and we have failed to give relief by other medicines."—*Medical Circular*.

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*Employment of Sugar in the Diseases of Infants, and its Utility in Intestinal Catarrh.* By Drs. BEHREND and SIEBER, of Berlin.

In the *Presse Medical Belge* is an interesting paper on the use of sugar in the diseases of infants, a portion of which we abstract. The authors refer to the writings of Sala, Pelletier, Hoffman, and many others in support of the utility of the remedy.

The ordinary cane sugar is employed with our general dietetics in consequence of its agreeable taste. During the last century many of the older authors spoke in high terms of the therapeutic action of sugar, and recognized in it many properties of utility in the treatment of divers maladies. In later times, and after the prosecution of many physiological researches, and the presentation of their results, we are now taught that the opinions of the old physicians were well founded and rational. We now know that, by the reactions of this agent with the liquids of the stomach and intestines, it is transformed into lactic and butyric acids direct. To the researches of Lehmann we are mainly indebted for the information we now possess, and are made cognizant of its interesting and remarkable changes and effects on the animal economy from its agency and its mutative action on medications.

Without further prelude we will now cite two cases which came under our treatment some six years since, and which will serve to show what may rationally be expected from it as a therapeutic agent.

During the epidemic which prevailed in this country in 1851, and which manifested so much activity in the derangement of the intestinal functions, both in adult and infant life—and attended with high febrile action—we had many opportunities for observing the salutary effects of the remedy.

A child three years of age, of a scrofulous habit, was seriously attacked with the prevailing disease. An intense fever declared itself at the outset, which was soon followed by copious diarrhœa, attended with violent colic pains, and soon afterward by excessive abdominal tenderness. An acute inflammation was manifest, which was combated with an antiphlogistic course, to which it soon yielded. The diar-



rhœa persisted, with great irritability of the stomach, and the expulsion of a light flocculent matter; a nutrient treatment was adopted to support the sinking patient, but all ingesta was rejected instantly, and it was easy to foresee that all the usual remedies in such cases would be applied in vain. The efforts at vomiting continued; the stools were mixed with mucous filaments slightly colored with bile, and at times streaked with blood; their odor was acid but not strong.

The child was now put upon sugar and water, which it ate with a ravenousness and voracity most remarkable. This peculiarity, and the apparent assurance it gave of adaptability in this case of intestinal catarrh, determined us, for the first time, to employ this method of treatment. To effect its exhibition in a convenient manner it was given in the form of pulv. blanc. sac., one half oz. slightly moistened with water, each hour. This treatment was continued four hours, and was tolerated. At night the same treatment was continued, the patient to have sweetened water whenever disposed to drink. No other medication was employed. On the fifth day the abdominal pains had ceased most completely; the diarrhœa still continued, but the stools were less copious and frequent, and contained fecal matters. The treatment was continued, with the addition of light nutrient fluids, which we now found feasible, and, as the patient recovered, beef tea was given. The treatment, for nine days, consisted of sugar in a humid state, and to its effects we are disposed to consider the cure attributable, and not to other medication.

Soon following the above case, another child, aged four years, was presented with the same disease. It had become very emaciated by the wasting diarrhœa, and, when first presented, was writhing with the violent colic pains attendant on the disease. The patient was placed upon the same treatment in all respects as the former, and at the end of five days the stomach would tolerate other light nutriment, followed by beef tea, as in the first case. In three weeks the cure was perfect. During the last two weeks the quantity of sugar administered was diminished daily.

These two cases go far to establish the value of the remedy as a therapeutic agent, and when we regard the opinions of the older writers upon this subject, it seems evident that it has long been a useful but neglected adjunct in the treatment of peculiar diseased conditions.—*Pacific Med. and Surg. Journal.*

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#### *Dysmenorrhœa, and Sterility resulting therefrom.*

In the *N. O. Med. News and Hospital Gaz.* Dr. E. D. Fenner has a paper from which we obtain the following ideas: He obtained and has long used a *recipe* for dysmenorrhœa, which has shown itself of much value. It was originally obtained from a work by Dr. Falk, of London, and is as follows:  $\mathcal{R}$ .—Gum guaiac, balsam canadens.,  $\text{ââ}$   $\mathfrak{z}\text{j}$ ; ol. sassafras,  $\mathfrak{z}\text{ij}$ ; hydrarg. bichloride,  $\mathfrak{z}\text{j}$ ; alcohol,  $\mathfrak{z}\text{viiij}$ . Dissolve the



guaiac balsam in half the spirit, and the corrosive sublimate in the other. Let the first digest for several days, pour off the clear liquor, mix with that containing the sublimate, and add the oil.

Dose—Ten or twenty drops night and morning in a glass of wine or water.

Other practitioners have found it of much value, and on page 189 of *Ellis' Med. Formulary*, he found it placed and recommended as an alterative by high authority, and also as a remedy for lues venerea.

Dr. Fenner usually directs, "a day or two before the expected period, twenty-five drops night and morning, in an infusion of sage or sweetened water, until the discharge is freely established, then cease." Severe cases may require it ten days before, and if the pain appears it should be taken every four or six hours till relieved.

If the pain is very persistent, he uses an anæsthetic, or the following: R.—Spt. camphoræ, fʒij; chloroformi, fʒij; tr. opii, fʒj; teaspoonful in sweetened water every hour. Dysmenorrhœa being relieved by this treatment, conception almost invariably follows in married women. He gives several cases of much interest, in each of which the relief was speedy and permanent.—*Med. and Surg. Reporter*.

#### *Sedatives in Diseases of the Womb and Morbid Menstruation.*

Dr. E. J. Tilt, Senior Physician to the Faringdon General Dispensary and Lying-in Charity, advocates, in the *Lancet*, the beneficial effects of sedatives as applied to the womb. In cases of ovario-uterine neuralgia he uses:

R.—Camphorated liniment, fʒiv.  
Tr. opii, fʒss.  
Tr. aconiti, fʒij.—M.

Rubbed carefully for about five minutes on the lower portion of the abdomen, or sacral region, or both, if the pain is referred to both localities. This should be allowed to remain, and covered with a "wadding poultice," and kept in its place by oiled silk, applied around the abdomen, enveloping its lower part, thus forming a "sedative vapor bath." If this should be found ineffectual, sedatives may be administered by the rectum; as Battley's solution, fʒj; tr. hyoscyami, fʒj; aq. fʒij; placed in an India-rubber bottle, filling up with warm milk, and injected into the rectum twice a day. If necessary, we may add tr. belladonna fʒj, or tr. aconiti ʒj—ij, to the above. It may also be used as a vaginal injection, though by the rectum it is preferable. In a case of much irritation, he applied a grain of acetate of morphine, wrapped in cotton, and tied with twine of sufficient length to project from the vagina, in order to facilitate its removal. This he introduced by the aid of a speculum and forceps. In two or three days he introduced two grains in the same manner, and four days after, three grains, with much benefit to the patient. The anodyne was dissolved by the fluids in the vagina, and the solution thus produced acted gent-

ly on the uterus. Dr. Aran, of the *Hôpital St. Antoine*, follows the same idea. He lets fall a drachm or two of tinct. opii into the speculum, fixing the fluid in the vicinity of the womb by a tablespoonful of powdered starch. He repeats this every second or third day, and has never seen it followed by narcotism. This he has found very effectual in uterine and ovarian neuralgias, subsequent to inflammatory affections, or uterine deviations.

For the last six years, since Dr. Tilt has known the plan of Dr. Aran, he has, on concluding any surgical treatment, poured down the tube of the speculum a drachm of Battley's solution, and used the powdered starch to keep it *in situ*; and this even when no pain is complained of, as he considers it favors the rapidity of the cure. He prefers, however, as a general rule, the salts of morphia, used as above. *Med. and Surg. Reporter.*

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*Cannabis Indica in Delirium Tremens.* By JOHN E. VAN MOLLE, M.D.

On the 11th of July I was called to see Mike S——, a man of some 45 or 50 years of age, and who for a long time had been in the habit of drinking periodically. On this occasion he had been on a *sprue* for a couple of weeks, and was obliged to quit for 5 days, his stomach being unable to bear the fiery potion, or even any kind of nourishment. He was very weak, with a frequent and small pulse, the skin covered with a cold and abundant perspiration; his mind was deranged, the hallucination being that several persons were pursuing him to take his life, and he made several attempts to throw himself into the river. When I saw him he was very much dejected and startled by every noise, the tremor of his limbs was excessive. I prescribed Ext. Cannabis Indica, grs. xx, to be divided in 5 pills, two of these to be given at once and one every successive hour.

Upon visiting this man one hour after the administration of the last pill, I found the pulse much improved, being less frequent and fuller, the tremors had also subsided to a certain extent, but there was no change in his mental aberration, nor had sleep been induced. The recipe above was renewed, and given in the same manner. In the morning Mike was physically better, but the mind still in the same condition, and he had not slept. The extract of hemp was continued, and it was not until after twenty grains more had been taken that its specific effect was produced. About noon I was called in a great hurry to see him, the messenger saying that he was in convulsions. When I arrived the fellow was laughing, and had been talking of his *old times* and *Green Erin*. After enjoying for some time the influence of hashisch, he fell asleep and remained in this state for twenty hours. At my visit the following day, Mike was a well man. His pulse and skin were natural, no tremor or hallucination, and with the aid of good nourishment he will regain his former strength. He was the happiest man on earth while under the specific effect of the Cannabis Indica.

We desire to call the attention of the profession to the fact, that

it was the specific action of the Indian hemp alone, which overcame the existing hallucination in this case of delirium tremens, and besides, that sleep occurred only after its influence had been fully developed.

If we examine the cases related by Dr. Godfrey, we find that a great amount of excitement existed in each of them, this excitation having occurred *directly after* hard drinking. We see also, that the doses were very minute, and that a very short time elapsed before profound sleep was induced. The difference of effect between these cases and the one above related is very striking, but this may be easily accounted for if we consider the difference in the diseases. As a narcotic, it was formerly given in the dose of from 1 to 5 grains, whilst to produce its specific effect upon the brain, it may require, as we have seen, as much as 60 grains, according to the condition in which the patient is.

We conclude that in Dr. G's. cases it acted as a narcotic, removing simply the excitement produced by hard drinking, whilst in our case, which was one of delirium tremens, the specific action of the haschisch was required to re-establish the equilibrium of the mental faculties, which being effected, the subject as a natural consequence fell asleep, having been deprived of it for several days.—*Oglethorpe Medical and Surgical Journal.*

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*Belladonna as a Means of Suppressing the Milk.* By EDMUND SEYFARTH, M.D.

MESSRS. EDITORS—In the last number of Vol. LIV. of your valuable journal you quoted a statement of Mr. Gibbon in the *Lancet*, on the suppression of the secretion of the mammary glands by belladonna. In your number for July 15th you express the wish to hear of experiments made with this drug in like cases, which induces me to give you my experience in three cases, in which I employed belladonna for the above named purpose.

The first case occurred to me at Rindge, N. H., my former place of residence, only a few weeks after the above quotation in your journal, when I employed flannel compresses moistened with a solution of the extract of belladonna. The secretion of milk had commenced two days previous to the birth of the child, which died four days after delivery, under symptoms of cerebral pressure. The child having been laid on the breast four hours after birth, nursed from time to time, until a few hours previous to its death. The milk being very abundant, and continuing so during three days after the child's death, was repeatedly drawn by the pump, and the above-named compresses were continually applied, when the secretion soon ceased, leaving the nipples slightly sore to the touch, probably from the application of the breast-pump more than anything else. The solution of belladonna was discontinued at the ninth day from its being used, leaving the breasts in a good and healthy condition.

The second case occurred in the wife of the undersigned. The child died sixty-two hours after delivery. The secretion of the mammae

commenced on the morning of the second day. The same applications as in the first case were made during eight days, when the secretion ceased. There was no soreness of the nipples, but some indurated nodules were felt in several parts of the breast during the first few days, which melted under the use of castor oil carefully rubbed into the hardened parts.

CASE III.—Mrs. R. B. Phillips, Keokuk, Iowa. The child, aged 13½ months, died from the effects of dentition. The breasts, the third day after the child's death, were very hard and painful. Castor oil was used as an embrocation, and the milk was extracted repeatedly. I then made use of a strong infusion of the fresh leaves of belladonna, which were near at hand, applying it as above. A decided improvement was visible after the first few applications; the breasts becoming soft and less tender, ceased to secrete by the first day after the applications.

Here are three cases in which belladonna has acted favorably in my hands; and although the question, "*would the secretion not perhaps have ceased spontaneously?*" remains in some measure still open, the above result will induce me to a similar treatment in similar cases; the more so, as in two cases out of three the breast-pump was deemed necessary, which thus far was an interference with mother nature; but, notwithstanding this always more or less irritating interference, the cases improved as rapidly as could be desired.—*Boston Medical and Surgical Journal*.

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#### EDITORIAL AND MISCELLANEOUS.

—The following strictures upon the "Annual Report of the Homœopathic Dispensary, 654 Sixth Avenue, New York," we have received from an esteemed correspondent, to whose inquiries we briefly reply, by saying, that we have no personal knowledge of this institution, but believe it to be a private charity. The numerical results reached by the author of this report, we opine, are unworthy of the slightest confidence or any attention, except as consequence is given to them by the literary press. As this has been done, we give place to the showing up of our correspondent, who displays in an admirable manner the fallacy of such statements:

The report of Dr F. W. Hunt, General Superintendent of the Homœopathic Dispensary, 654 Sixth Avenue, New York, is before us. It contains one or two statements that require notice. Dr. Hunt says, "I have been *peculiarly* anxious to compare the results of the new system of practice with those which are *uniformly* reached by the

best devised measure of the *old school*. I have, therefore, taken the greatest care to obtain a full history of every case, and the actual result of every prescription."

We do not know what there is "peculiar" about Dr. Hunt's anxiety, and we certainly have yet to learn that the best devised measures of regular medicine have reached any "uniform" numerical results. When Dr. Hunt designates regular medicine as the "old school," he doubtless means it as a word of reproach, synonymous with old fog-ism and lack of progress. Will Dr. Hunt please tell us where there is a class of men laboring more zealously and with more satisfactory results to advance physiology, pathology, pharmacy, special and general therapeutics, than are the members of the regular profession? This insinuation of Dr. Hunt reminds us of a direct charge once made by a so-called eclectic: "Old school practitioners," said he, "are tolerably well acquainted with disease, but they are entirely behind the age in practice—they do not keep themselves posted in regard to the improved methods of treatment." This same eclectic never attended a medical lecture, had not ten dollars' worth of medical books in his house, and never took a medical journal!

Dr. Hunt reports as follows: "whole number of cases, 1,384; number known to have been cured, 1,047; relieved, 72; results unknown, 46; died, 5; remaining under treatment, 68." Notwithstanding the Dr.'s boasting determination to "give a full history of every case, and the actual result of every prescription," he reports more than five per cent. "*result unknown*." These 46 were not among the cured, nor even among the relieved, but, evidently, among the unrelieved that were sent away to die; or (what would be better for Dr. Hunt's "peculiar" anxiety) to swell the mortality record of some other hospital.

The object of the present writing was principally to call attention to the following statement: "On reviewing the entire catalogue of cases, we find that not one death has occurred among those that were subjected *exclusively* to homœopathic treatment." This statement, dishonestly made, was designed to charge all deaths to regular medicine, and to claim for homœopathy a uniformity of cure. But the unwitty statement is fatal to his whole purpose; for it distinctly avows that he does not practice exclusive homœopathy, or that he dispenses in conjunction with those who administer something besides infinitesimals, and that he is dishonest enough to claim all cures for homœopathy, and charge all deaths to the other medicines administered conjointly. He that is dishonest enough to make the statement above quoted, is dishonest enough to make false figures. Will Dr. Hunt please tell us how many

of those that recovered "were subjected exclusively to homœopathic treatment?"

But Dr. Hunt's audacity culminates when he classes small-pox with those diseases that "have never been satisfactorily treated by any who have disregarded the discoveries of Hahnemann!" Where now are Jenner's honors? Where is the fame of him who, with a scratch of his lance, virtually annihilated that scabby pestilence? We hope Dr. Hunt will not go and tear down that Jenner statue that now stands in Trafalgar Square.

O. C. G.

—*Malakoff*, the Paris correspondent of the *New York Times*, who is a physician, writes in one of his letters about the Nursery Houses in Paris, as follows:

There are two institutions in France for the children of the poor which do not exist in America, and I believe not in England. They are the Bureau for Nurses and the *Crèches*, or Nursing Houses. Both are Government establishments. The Bureaus for Nurses are under the management of the Police. A doctor is attached to each establishment, whose duty it is to examine carefully the physical condition of each woman who presents herself for employment. On the doctor's certificate the woman is granted by the director a small book, called a *livret*, in which are registered her name, residence, age, the number of children she has had, the date at which her last child was born, her defects as a nurse, if she has any, and other information. Without this book, signed and stamped, she can get no employment. The price of nursing varies, according to the age of the nurse and the distance she lives in the country—from fifteen to thirty francs a month—the mother furnishing the clothes and paying all doctor's bills incurred by the child's sickness. But these bills are regulated by law.

At the *Crèches*, or Nursing Houses, established in all parts of the city, the poor carry their infants to be taken care of during the day, so as not to interfere with the labor by which they gain their living. They are taken care of from 8 o'clock in the morning till 6 in the evening at the rate of four cents a day, paid in advance each day. This speculation is so profitable that a private company has organized several establishments on their own account. They are under close police surveillance, however, and, indeed, if they were not they would have difficulty in obtaining the confidence of the public.

—The course of Lectures on Obstetrics by Dr. Wm. Tyler Smith, which first appeared in the *Lancet*, and were afterwards collected and republished, with additions, in the form of a Manual of Obstetrics, is soon to be issued by a house in this city. Dr. A. K. Gardner, of New York, is the editor of this reprint, and has retained the original lecture form, with all the new matter contained in the Manual. To this he has added several lectures of his own, making the work a very complete one on that branch of the profession. The article found in our pages

this month constitutes one of the additions made by Dr. Gardner. The text is illustrated by very numerous cuts.

—Each year, with the approach of midsummer, our city is supposed to be threatened with some dire pestilence. Rumors from within or rumors from without settle upon us as a sure thing the prevalence of some terrific disease, such as small pox or yellow fever. The latter is sure to appear simultaneously with its presence at Charleston or New Orleans, and the rise and progress of the disease seem to depend entirely upon the course it takes in these Southern cities. There is something peculiar in this, which needs investigating. It is true that at the present time this fearful scourge is sweeping off its victims in both the above named cities, and that certain cases are reported here. But neither the sanitary condition of this city—neither the telluric nor the atmospheric conditions are in a favorable state for the fostering of this disease, nor will the increase in the commerce of our harbor account for the increased anxiety which is manifestly felt upon this subject. It would seem that the facilities of communication of thought had something to do with this anxiety, for as the telegraph flashes the news of the rapid progress of the epidemic in New Orleans, the sympathizing hearts of those here, who feel themselves peculiarly exposed, work the blood coursing through them into a fever heat, and we find the expression of their fears in the many rumors which constantly startle us, of the actual prevalence of yellow fever.

From the position which New York enjoys as the greatest commercial city of this continent, it must be necessarily exposed to receive many cases of infectious diseases from the crowds of arrivals coming from all portions of the globe. Notwithstanding this, the health of the city is in a most favorable condition, and will compare well with that of any city in the Union. The few cases of yellow fever, which have given occasion to renewed attacks against quarantine and its arrangements, can be satisfactorily accounted for, and whoever will take the trouble to scan closely the *ex parte* statements even, will observe that other motives than those of anxiety for the public health have affected the wonderful sensitiveness of those who discover an epidemic in a few sporadic cases, and by the dint of agitation excite a community to rebellion.

The quarantine grounds of this port are so situated, that their occupation for this purpose materially interferes with the monetary operations of some individuals. The result of this is, that the true history of yellow fever at this port can never be correctly arrived at. An unbiased statement from those who reside in the neighborhood of



Quarantine, relative to the means of the extension of the fever beyond the limits of Quarantine, cannot be expected, and every investigation by a third party will be surrounded by such difficulties as to prevent such a thorough research as is desirable. That a better location for these buildings might be found is beyond dispute; but that the occupancy of their present position is endangering the health and prosperity of this city to so fearful an extent as is represented, is the effect of a distorted vision, which sees results only through the magnifying glass of self-interest.

— When the operation of injection into the bronchial tubes for diseases of the air-passages was first proposed in this city, it met with much opposition.

The MONTHLY has published the full accounts of this discussion, and has also given a full record of the history of this operation. The proceedings in the Paris Academy of Medicine, in discussing the paper of M. Loiseau upon this subject, have already been given, and to it we add the following history of a case operated upon by Prof. Griesinger, of Tübingen, and reported by Dr. Gerhardt to the *Deutsche Klinik*. We extract it from the *Gazette Hebdomadaire* of May 12th, 1858.

Kramer, 25 years old, a shoemaker, resident at Entengen, of a family not at all disposed to tuberculosis, and who had never been sick, was attacked with typhus in September, 1846, which lasted three weeks, no symptom of disease of the chest arising. Since then, however, from time to time, there has been some cough, and a considerable irritation about the larynx. In autumn and spring the expectoration became more abundant, and continued thus notwithstanding the most varied medication. The fetid odor of the sputa was only noticed when it became very abundant, since when it has persisted in having this odor. The strength of the patient remained quite good—to such a degree that he continued at his work up to the summer of 1857, and had even borne arms at several different times. No marked diarrhoea or sweats; nutrition and the digestive function perfect. Although pale, some spots were observed upon the face of the patient highly injected, particularly the cheeks, the lips, the ridge of the nose, the conjunctiva, signs of a stasis in the venous system. The thorax is well formed, the supra and sub-clavicular spaces well filled; the respiration appeared normal. In front and to the left near the sternum, upon a level with the second and third ribs, there is a depression, a slight retraction of the walls of the thorax, which was slowly developed about the third year of the disease. Upon percussion a slight dullness was discovered over the precordial region and the supra clavicular

spaces, and upon a level with the depression a sound a little different from that which is given by the same point on the opposite side; but upon the right side the sound is particularly obscure behind and below, beginning with the middle of the shoulder blade. Auscultation reveals upon the left side, at the point of the thoracic depression, a feeble râle consonating with bronchial expiration; upon the right side and below uninterrupted gross râles are heard; beyond these points the respiratory sounds are normal. Expectoration is very abundant and easy. The sputa are full of air bubbles, consisting of muco-purulent masses, quite fluid, ordinarily of a yellow color. The fetid odor which proceeds from them resembles at times that of stercoral matter; this result is effected by certain changes in their chemical condition, according as the reaction of these liquids is more or less acid.

The two sides of the chest are symmetrical, except at the point of the depression which we have mentioned; but at this spot the sound upon percussion is more physiological than elsewhere. As to the seat of the exaggerated mucous secretion, the patient believes that he distinctly feels the expectorated sputa to come from the right side particularly; still these results do not warrant us to conclude upon the existence of a bronchial dilatation, and this case has this particular point, that the anomalous secretion is the primitive phenomenon. This supposition is confirmed by the progress of the expectoration, which is always the same, and by those interruptions which are constantly evident in the circumscribed dilatations of the small bronchial canals.

The complete absence of hæmorrhage in the sputa removes every idea of ulcerations existing upon the dilated surfaces. Finally, the diagnosis can be stated thus: Dilatation quite uniform of the bronchial tube, particularly in the right inferior lobe, with induration of the surrounding tissues and hypersecretion of the mucous membrane.

After having employed in vain the balsamic and other preparations, by inhalation as well as interiorly, Prof. Griesinger decided to try the treatment proposed by Drs. Green and Bennett. The following was the method pursued: From the 16th to the 22nd February, a sponge fixed upon the end of a whalebone staff was introduced twice a day, at first upon the epiglottis, then through the glottis.

The 8th March, an elastic sound was carried down, deeper and deeper each day. 19th March, the sound could be introduced very freely. The experiment with the flame of a candle proved that the operation had succeeded, and a solution of nitrate of silver was injected. (The solution can vary from 50 centigrammes to 1 gramme and

more for 30 grammes of water.) This operation was repeated the 21st at the clinique.

The author reports upon this occasion the unsucces of Dr. Bennett, and the objections to this operation by Friedreich and Erichsen, who have asked if it is not imprudent and dangerous to introduce a sound through the larynx, and who even doubt that the instrument can really be introduced into this organ. "For us," says the author, "after the experiments we have made, we can now affirm that these fears are illusory, and that the different portions of the operations can be performed with a rigorous exactitude. As to the patient," adds he, "who is the subject of this observation, we shall continue to treat him in the same manner, and shall publish the result, whatever it may be."

— We are happy to announce that the articles on "Favorite Prescriptions by Living American Practitioners," which have from time to time appeared in our pages, and one of which will be found in the present number, have been collected and will soon be issued from the press, with new matter, in one volume of over 200 pages.

These articles have received much favor from the periodical medical press, both in this country and abroad. The volume will no doubt be gladly welcomed by those who desire to preserve these prescriptions in a form convenient for reference. Wiley & Halsted are the publishers.

— We have received the first number of *The Medical Journal of North Carolina*, edited by Dr. Edward Warren, and published under the auspices of the State Medical Society of North Carolina. It is a bi-monthly of 100 pages, at Three Dollars a year; of neat typographical appearance, and giving in its initial number an excellent warrantee of its future usefulness and success. To the editor we wish a never-ceasing aid from the profession of the State, under whose auspices he puts forth this venture.

This is the only medical journal in North Carolina, and we believe the first ever instituted there; we trust the profession of the State will heartily respond to the appeal made by the editor.

*A Specific for Scabies.*—At the last meeting of the Academy of Science, Paris, M. Bonnet, of Epinal, sent in a paper announcing that benzine is a specific for the itch. The author of the paper states that if benzine be rubbed on the parts affected, and also very slightly on the other parts of the body, a cure will be effected in the course of five minutes, after which time the patient may take a warm bath for half an hour. Nevertheless, in cases where the itch is accompanied with a secondary eruption, the latter will require a separate treatment.

*Medical Epitaphs.*

A prolonged medical statement of the diseases of which the departed may chance to have died is extremely popular. At Acuan, in Cornwall, says a writer in *Household Words*, there is this particular account of how one Mr. Moreton came by his end:

"Here lies entombed one Roger Moreton,  
Whose sudden death was early brought on;  
'Trying one day his corn to mow off;  
The razor slipped and cut his toe off;  
The toe, or rather what it grew to,  
An inflammation quickly flew to;  
The parts they took to mortifying,  
And poor dear Roger took to dying."

And here is a still more entertaining one, upon a certain lady in Devonshire, singularly free from any nonsensical pretence or idle bravado:

"Here lies Betsy Cruden,  
She would a leaf'd but shee cooden;  
'Twas na grief na sorrow as made she decay,  
But this bad leg as carr'd she away."

There is a distressing inaccuracy of metaphor in the following south county elegy; but the meaning is painfully distinct:

"Here lies two babes as dead as nits;  
They was cut off by ague fits."

A doctor of divinity, who lies in the neighborhood of Oxford, has his complaint stated for him with unusual brevity, as well as his place of interment:

"He died of a quinsy,  
And was buried at Binsy."

To complete these medical extracts, I may quote this warning cy-press flower, culled from a Cheltenham Cemetery:

"Here lies I and my three daughters,  
Killed by a drinking of the Cheltenham waters;  
If we had stuck to Epsom salts,  
We'd not been a lying in these here vaults."

*New Hæmostatic.*—After prolonged experience, M. Lami strongly recommends the following hæmostatic: R. Decoct. rhatanix, 300 parts; alum, 60 parts. If the mixture is to be given internally, 70 parts of syrup are to be added. When given internally, 10 drachms may be taken three times daily; while for external use it may be employed as an injection or lotion. Its action is prompt and efficacious in almost any variety of hæmorrhage.

*Curative Effects of Pregnancy on Prolapsus Uteri.*—M. Brachet relates some cases in proof of the fact, that while the ordinary modes of treating prolapsus uteri by means of pessaries, abdominal belts and the like, almost always fail, a cure may not unfrequently be procured if the patient fall pregnant again, and then be confined to her bed, for a period not less than forty days after delivery.

*Raw Meat in Dysentery.*—Dr. Weisse, of St. Petersburg, first in 1845 advised the employment of the lean of raw meat, very finely minced, in the chronic diarrhœa of children, giving two teaspoonfuls four times a day. Since then, the same practice has often been extended to various forms of obstinate diarrhœa with good effect. In the present paper, M. Pensa, now practising in Egypt, reports the benefit he has derived in several cases of severe dysentery occurring in the adults from the employment of raw or nearly raw minced meat, given in doses of from two to three ounces three times a day.

*Valerianate of Ammonia for Epilepsy.*—In Salpêtrière and the Bicêtre at Paris, the following formula has been much used in epilepsy for years:

R.—Aqua distill.,	pts. 95
Acid. valerian.,	" 3
Sub-carb. ammon., q. s. ad neutral. acid. adde.	
Ext. alcoholic valerian,	pts., 2

Mix dose, teaspoonful three times a day.

*Books and Pamphlets received.*

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Bucknill & Tuke on Insanity. Lea & Blanchard, Philadelphia.

Lallemant & Wilson on Spermatorrhœa. Lea & Blanchard, Philadelphia.

Archives of Medicine. Edited by Lionel P. Beale, M.D. No. 2. London, John Churchill.

The Mott Surgical and Pathological Museum.

Annual Report and Circular of the New Orleans School of Medicine. New Orleans, 1858.

Twelfth Annual Catalogue and Announcement of Lectures of Starling Medical College, for the Session of 1858–59. Columbus, 1858.

Transactions of the 29th Annual Meeting of the Tennessee State Medical Society, held at Nashville. Nashville, 1858.

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Edinburgh Veterinary Review, and Annals of Comparative Pathology. No. 1. July, 1858.

An Essay on the Pathology and Therapeutics of Scarlet Fever. By Caspar Morris, M.D., &c. Philadelphia, Lindsay & Blakiston, 1858, 8vo, pp. 192, \$1.25.

A Text-Book of Vegetable and Animal Physiology, designed for the use of Schools, Seminaries, and Colleges in the United States. By Henry Goadby, M.D., &c., &c. Embellished with upwards of 450 illustrations. New York, D. Appleton & Co. 8vo, pp. 313, \$2.00.

Braithwaite Retrospect of Practical Medicine and Surgery. Part 37. New York, William A. Townsend, July, 1858.